



CLASSIFIED EMPLOYMENT APPLICATION

AUXILIARY SERVICES

POSITION APPLIED FOR: _____

CHECK ALL DEPARTMENTS OF INTEREST:

CAFETERIA BUS DRIVER

PRIME TIME

Per CCS Regulation 6315/7400-R *Classified Personnel Requirement to Drive a School Bus*, all school based classified employees (including cafeteria workers, clerks, and teacher assistants) must obtain and maintain a bus license as a job requirement.

*Your application will be kept on file for the current school year in which it was submitted

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

Street Address _____ City _____ State _____ Zip _____

Phone No: (____) _____ Driver License No: _____ Issuing State _____

EMAIL ADDRESS: _____
(Information regarding the status of your application will be sent by CNS via email only.)

HOW DID YOU LEARN ABOUT THE POSITION/OPENING: _____

EDUCATION: (Please list most recent first.)

School	City/State	Grad Date (Leave blank if degree or program incomplete)	Degree (Certificate, Associate, Bachelor, Masters)	Field of Study	GPA

CURRENT CERTIFICATIONS: (Check all that apply) (IF YOU ARE APPLYING FOR A CAFETERIA POSITION)

_____ ServSafe _____ Commercial Driver License

_____ NC SafePlate _____ Other: _____

EXPERIENCE: (Please list most recent first.)

When: _____ thru _____ Employer: _____
Month / Year Month/Year

Position: _____ Supervisor: _____

FT PT Pay Rate: \$ _____ per _____ Supervisor Phone: _____

Is this your current employer: Yes No May we contact this employer: Yes No

Description of work performed: _____

Employer Address: _____
Number Street Name City State Zip

When: _____ thru _____ Employer: _____
Month / Year Month/Year

Position: _____ Supervisor: _____

FT PT Pay Rate: \$ _____ per _____ Supervisor Phone: _____

Is this your current employer: Yes No May we contact this employer: Yes No

Description of work performed: _____

Employer Address: _____
Number Street Name City State Zip

When: _____ thru _____ Employer: _____
Month / Year Month/Year

Position: _____ Supervisor: _____

FT PT Pay Rate: \$ _____ per _____ Supervisor Phone: _____

Is this your current employer: Yes No May we contact this employer: Yes No

Description of work performed: _____

Employer Address: _____
Number Street Name City State Zip

PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED TO COMPLETE THE EMPLOYMENT HISTORY LIST.

REFERENCES: (Must include a minimum of 3 professional/work related references.)

Type: Professional – Supervisor Professional – Colleague Personal

Name: _____ Employer: _____

Address: _____

Phone: _____ Email: _____

Type: Professional – Supervisor Professional – Colleague Personal

Name: _____ Employer: _____

Address: _____

Phone: _____ Email: _____

Type: Professional – Supervisor Professional – Colleague Personal

Name: _____ Employer: _____

Address: _____

Phone: _____ Email: _____

Type: Professional – Supervisor Professional – Colleague Personal

Name: _____ Employer: _____

Address: _____

Phone: _____ Email: _____

Type: Professional – Supervisor Professional – Colleague Personal

Name: _____ Employer: _____

Address: _____

Phone: _____ Email: _____

GENERAL QUESTIONS:

- Yes No 1. Have you ever been suspended, dismissed, fired, or discharged from a position of employment?
- Yes No 2. Have you ever been subject to disciplinary action during a period of employment?
- Yes No 3. Have you ever been asked to resign from a position of employment?
- Yes No 4. Have you ever been convicted or pleaded nolo contendere (no contest) to any violation of the law other than a minor traffic ticket?
- Yes No 5. Do you have any criminal charges or procedures pending?
- Yes No 6. US Citizen OR Alien with work authorization?
- Yes No 7. Are you physically able to operate a loaded school bus?
- Yes No 8. Are you currently under contract?
- Yes No 9. Are you at least 18 years of age?
- Yes No 10. Do you have transportation to and from school so the bus can be left at school for servicing during the day?
- Yes No 11. Has your driver license been cancelled, revoked or suspended within the last 5 years?
- Yes No 12. Have you had any convictions (including PJC) in the last 5 years?
- Yes No 13. Have you been convicted of DWI in the last 5 years or more than once (1) in a lifetime?
- Yes No N/A 14. If you are a male who is 18 through 25 years of age, are you registered with Selective Service (draft)?

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____ Relationship: _____

RELATIVES WORKING IN NC SCHOOL SYSTEM:

Yes No Any Relatives working for the NC School System?

Name: _____ Phone: _____ Location: _____

APPLICANT’S CERTIFICATION & RELEASE OF LIABILITY:

I, the applicant/employee, by submission of this application certify that I hereby expressly authorize the Cumberland County Board of Education, its agents, and its employees to make any investigation of my personal or employment history, expressly including, but not limited to, federal and/or state criminal, law enforcement, or traffic records, which may include confirmation by fingerprint identification. I further authorize any former employer, person, firm,

corporation, credit agency, administration body, or governmental agency to give the Cumberland County Board of Education, or its agent, or its employees any information they may have regarding me. In consideration of the review of my employment application by the Cumberland County Board of Education, its members, officers, agents, or its employees, I hereby release the Cumberland County Board of Education and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information. If employed, I further authorize this Board of Education or its agents to provide information about my employment in this school system to future employers or prospective employers. I authorize persons to whom an exact copy of this release is presented to rely on the copy as if it were a signed original.

I have read the information contained in the application carefully and certify that the information I have given is correct and complete. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. I also understand that the application, references, and other employment-related information become property of the Cumberland County school system and are classified as confidential information. I understand that contents of this employment application is a resource to assist applicants in applying for employment with Cumberland County Schools Child Nutrition Services. Neither the NC State Board of Education nor the NC Department of Public Instruction has approved the contents of the employment application.

I understand that in compliance with the Immigration Reform and Control Act of 1986, the Board of Education will employ only United States citizens and aliens lawfully authorized to work in the United States. Upon employment, acceptable authorization and identification documents may be required. I understand that any offer of employment is conditional upon the receipt of the Board of Education of an acceptable criminal history check pursuant to authorization above. In addition, I understand that in accordance with NC General Statutes, I do not have to disclose any arrest, charge or conviction that has been expunged.

Signature _____ Date _____

Please complete the Disclosure/Authorization for Background Check Form on page 6 of this application. Submit the entire application to:

Child Nutrition Services	Prime Time	Transportation
Attn: Sheila Stevenson	Attn: Job Applications	Attn: Jennifer Carter
CCS Operations Center	1114 Gillespie Street	1014 Gillespie Street
810 Gillespie Street	Fayetteville, NC 28306	Fayetteville, NC 28306
Fayetteville, NC 28306		

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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|--|---|
| (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; | (2) fax: (202) 690-7442; or |
| | (3) email: program.intake@usda.gov . |

This institution is an equal opportunity provider.

Cumberland County Schools

Disclosure/Authorization for

Criminal Background Check

INSTRUCTIONS: Please fill form out in its entirety. Incomplete forms will delay processing.

Current Legal Last Name:	Current Legal First Name:	Current Legal Middle Name:	Maiden/ All other names:

Social Security Number:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth: ____/____/____	Driver's License #: State:	Ethnic Group: <input type="checkbox"/> ASIAN (including Pacific Islander) <input type="checkbox"/> BLACK (non-Hispanic) <input type="checkbox"/> HISPANIC <input type="checkbox"/> INDIAN (including Alaskan Native) <input type="checkbox"/> WHITE (non-Hispanic)
Email Address:			

Residency Information: List last ten years, beginning with most current (NO PO BOXES)					
Dates		ADDRESS	CITY	STATE	ZIP CODE
FROM MM/YY	TO MM/YY				

Position(s) Applied for: (include all position that you want to be considered for)

Are you a current Cumberland County Schools employee? YES NO

Have you previously applied? YES NO

My signature below authorizes Cumberland County Schools (CCS) to obtain information about me from a consumer reporting agency for the purposes of employment, volunteering, student teaching/intern, outside service provider, contract services, etc. This information may be obtained at any time after the receipt of my authorization and throughout my term of service and/or consideration. The types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate record searches, motor vehicle records checks, and court record checks. The consumer report will be obtained from Background Investigative Bureau, LLC (BIB), located at 9710 Northcross Center Court, Huntersville, NC 28078, phone number 1-877-439-3900. I hereby authorize any law enforcement agency, administrator, local state or federal agency to furnish any and all background information requested by BIB, additional third party organizations acting on behalf of CCS, and/or CCS itself. I certify that the information given by me in this application is true and complete. I understand that any misrepresentation, falsification or omission will be sufficient cause for cancellation of this application or dismissal from employment if you have been hired. It is understood that this application and all other pre-employment data become property of CCS. I understand that my date of birth, sex and ethnic group will not be used to discriminate against me in violation of any law. I agree that a copy of this authorization shall be valid as the original. (Revised 8/1/15)

Signature: _____ **Date:** _____

HUMAN RESOURCES USE ONLY: