

**MT. BLUE REGIONAL SCHOOL DISTRICT
SCHOOL BUS MECHANIC APPLICATION**

NAME: _____ TODAY'S DATE: _____
Last First MI

PRESENT ADDRESS: _____
Street
City State Zip

Telephone: _____ Social Security #: _____

Driver's License No.: _____ State: _____ Exp. Date: _____

Class: _____ Codes: _____ D.O.B.: _____

List any driving restrictions: _____

Years of driving experience: Auto _____ School Bus _____ Other (explain) _____

List all traffic offenses for which you were convicted during the past five years:

Nature of Offense	Place	Year
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_____	_____	_____
_____	_____	_____
_____	_____	_____

List all accidents which you have had during the past five years:

Nature of Accident	Place	Year
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your driver's license ever been suspended or revoked? _____ If yes, explain: _____

Do you own your own car? _____ Name of Automobile Insurance Company: _____

Please list three (3) previous employers:

Employer	City	Phone #	Dates

Please list three (3) personal references (do not include relatives or neighbors):

Name	Address	Phone #	Relationship

Please list any impairment(s) which would interfere with your ability to perform this job:

Are you presently under a physician's care for any health problems? _____ If yes, please explain: _____

Are you currently receiving any prescribed drugs? _____ If yes, please explain: _____

Please list any previous experience you have that you feel would aid you in this position: _____

***OPTIONAL:** If date of birth not stated, applicant must supply Mt. Blue RSD with a valid State of Maine driving record for the previous ten (10) years and valid State of Maine criminal record for lifetime.

All questions must be answered and all information must be complete. Any falsehoods, fabrications or omissions uncovered later will be grounds for termination. I declare that this information is accurate and agree that it may be confirmed by any reasonable means chosen by Mt. Blue Regional School District.

Signature

Date

MT. BLUE REGIONAL SCHOOL DISTRICT

Pre-Employment Background Check

(Please print all information)

NAME _____
 First Middle Last (Maiden)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Previous Address _____

City _____ State _____ Zip _____ County _____

Social Security # _____ - _____ - _____ Drivers License No./State _____

Birth Date _____ Place of Birth _____

List All Convictions/Traffic Violations
(Conviction of a Crime is not an automatic bar to employment by Mt. Blue RSD)

Year	Offense	City	State

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the Mt. Blue RSD contacts in connection with my employment application to fully provide the Mt. Blue RSD any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Mt. Blue RSD, its agents and officials or against my provider of such information.

Signature _____ Date _____

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
LABORATORY OF ORGANIC CHEMISTRY

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DATE	INITIALS	DESCRIPTION

ANALYTICAL DATA

Elemental analysis for C₁₀H₁₄O: Calcd. C, 85.71%; H, 11.43%; O, 2.86%. Found: C, 85.5%; H, 11.5%; O, 2.8%.

DATE	INITIALS	DESCRIPTION

The following data were obtained from the infrared spectrum of the compound in the liquid film state. The absorption bands are listed in the table below. The assignments are based on the characteristic frequencies of the functional groups present in the molecule.

Wavenumber (cm ⁻¹)	Assignment
3400 (broad)	O-H stretching
2900-3000	C-H stretching
1650	C=O stretching
1600	C=C stretching
1450	C-O stretching
1380	C-O stretching
1100	C-O stretching
700	C-H out-of-plane bending

Consent for Release of Alcohol and Drug Testing Data

Section I. *To be completed by Applicant (for positions requiring a CDL only)*

NAME: _____ Social Security #: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below, to MSAD 9. This release is in accordance with DOT regulation 49 CFR Part 40.25. I understand that information to be released in section II by my previous employer is limited to the following DOT regulated testing items:

1. Alcohol tests with result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

Previous Employer Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____

Section II. *To be completed by the previous employer and transmitted via fax or mail to:*

RSU 9
Transportation Department
108 Learning Lane
Farmington, Maine 04938
Phone: (207) 778- 4307 Fax: (207) 778-5805

In the three years prior to the date of the employers signature (in Section I), for DOT- regulated testing –

- | | | | | |
|--|----------------|------|-----|------|
| 1. Did the employee have alcohol tests with results of 0.04 or higher? | Yes | ____ | No | ____ |
| 2. Did the employee have a verified positive drug test? | Yes | ____ | No | ____ |
| 3. Did the employee refuse to be tested? | Yes | ____ | No | ____ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | Yes | ____ | No | ____ |
| 5. Did previous employer report a drug and alcohol violation to you? | Yes | ____ | No | ____ |
| 6. If answered "yes to any of the above items, did the employee complete the return-to-duty process? | Not Applicable | ____ | Yes | ____ |
| | | | No | ____ |

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (ex., SAP report(s), and follow-up testing record).

Name of person providing information in section II: _____

Title: _____

Phone: _____ Date: _____

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