CHARLES COUNTY PUBLIC SCHOOLS P.O. BOX 2770 LA PLATA, MD 20646 TRANSPORTATION OFFICE SCHOOL BUS ATTENDANT APPLICATION

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SCHOOL BUS ATTENDANT APPLICATION		
A. Personal Information		
DATE:	SOCIAL SECURITY #:	
PHONE #:	DATE OF BIRTH:	
Name:		
(First)	(Middle)	(Last)
Tradicus.	(Street)	
(City)	(State)	(Zip Code)
Do you go by any other name,	other than your given name?	
Do you have difficulty reading	g or writing?	
Are you presently employed?	Yes No	
If yes, where?		
B. <u>Criminal Information</u>		
Have you ever been charged v	with <u>any</u> criminal offense? Yes	No
If yes, please list date and offe	ense:	
C. Medical Information		
Do you have any physical disa	abilities? Yes No	
If yes, please specify:		
Do you have a history of hear	trouble? Yes No	
Do you have Diabetes control	led by insulin? Yes No	

Do you have any functional disease such as Tuberculosis, Epilepsy, Abnormal Blood Pressure, etc? Yes No
If yes, please specify:
Are you on any medication prescribed by a physician? Yes No
If yes, please specify:
D. Experience with Children
What experience do you have working with children?
Have you ever worked with large groups of children? Yes No
If yes, in what capacity:
Name of contractor you have committed to work for:
(Contractor's full name)
Applicant's Signature:

Nondiscrimination Statement

The Charles County public school system does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age or disability in its programs, activities or employment practices. For inquiries, please contact Kathy Kiessling, Title IX/ADA/Section 504 Coordinator (students) or Nikial M. Majors, Title IX/ADA/Section 504 coordinator (employees/ adults), at Charles County Public Schools, Jesse L. Starkey Administration Building, P.O. Box 2770, La Plata, MD 20646; 301-932-6610/301-870-3814. For special accommodations call 301-934-7230 or TDD 1-800-735-2258 two weeks prior to the event.