

**APPLICATION - TRANSPORTATION DIRECTOR**

**Return Application to:**  
 Grand County School District  
 264 South 400 East  
 Moab, Utah 84532

Date \_\_\_\_\_

Name (Last/First/Middle) \_\_\_\_\_

Address (Street/City/State/Zip) \_\_\_\_\_

Social Security # \_\_\_\_\_ Home Phone \_\_\_\_\_

(Optional Info) Birth Place \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you ever been convicted of a felony? YES NO (Circle One)

If yes, please explain on separate sheet of paper.

**EXPERIENCE AND QUALIFICATIONS—DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE** (attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS** (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed.)

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS.

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

B. Have you ever had a license, permit or privilege suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

**EMPLOYMENT RECORD:** NOTE: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown. Attach a sheet if more space is needed.

Name of Last Employer:	Dates From:	To:
Address:	Phone:	
Job Title and Duties:		
Reason for Leaving:		

Name of Prior Employer:	Dates From:	To:
Address:	Phone:	
Job Title and Duties:		
Reason for Leaving:		

Name of Prior Employer:	Dates From:	To:
Address:	Phone:	
Job Title and Duties:		
Reason for Leaving:		

I request that this application and consideration of same be kept confidential.
Signature:

**□ QUESTIONS:** The following questions are designed to help us begin to know you as a person and as a professional. Your concise and candid responses are very important to us.

1. Why do (did) you want to become a transportation director?

2. What do you consider to be your major strengths as a transportation director?

3. In your previous experience, in what ways have you most influenced a school and community?

4. As a transportation director, what communication approaches or systems are (would be) most effective for you?

5. What methods or approaches would you use most to bring about change?

6. How do you delegate responsibilities to others?

7. How do (will) you, as a transportation director, work most effectively with parents, students, and other district administration?

8. What about being transportation director has been (will be) most rewarding to you? Why?

**TO BE READ AND SIGNED BY APPLICANT**

I certify that all statements made in this application are true and correct, and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize investigation of all statements made in this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_