

**Attachment #3: Driver Qualification File**

(11 Pages)

## APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status.

### PERSONAL INFORMATION

Name (please print)		Date
(Last) <u>Thomas</u>	(First) <u>Lema</u> (Middle/Initial) <u>(DENISE)</u>	<u>6-4-98</u>
Social Security Number <u>[REDACTED]</u>	Phone Number <u>[REDACTED]</u>	Alternate Phone
Have you ever worked or attended school under a different name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>MAIDEN NAME (DAVIS)</u>
If yes, give name(s):		
Addresses for the past three years:		
Present Address: <u>[REDACTED]</u>		
Street	City	State Zip How Long?
Previous Address:		
Street	City	State Zip How Long?
Previous Address:		
Street	City	State Zip How Long?

### JOB INTEREST

Position desired: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute	Date Available
Second choice:	
Previously employed by Liberty Public Schools <input type="checkbox"/> When?	
I learned about this job from: <u>[REDACTED]</u>	
What date would you be available for training?	

### EDUCATION

Circle highest year completed:	High School 1 2 3 4	College <u>(1)</u> 2 3 4 5 6+	
High School: <u>Camden High Camden S.C.</u>	Name	City	State
College/University: <u>Central Piedmont Comm College</u>			
Other:			
If job-related, will you agree to release a high school, college, etc. transcript?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## REFERENCES

Please list three personal or business references other than relatives or former employers:

Name and Occupation	Address	Phone	Years Known	
Liz Admire	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business
Janie Wine	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business
Pam Wehner	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Personal <input type="checkbox"/> Business

## GENERAL INFORMATION

Have you ever been convicted of a felony or misdemeanor? (Does not include any traffic violations, juvenile offenses or military convictions except by general court martial)(NOTE: Convictions are not necessarily a bar to employment.)  Yes  No

If yes, explain: \_\_\_\_\_

Within the past five years, have you been convicted of a traffic violation other than a parking violation?  Yes  No

If yes, explain: \_\_\_\_\_

If offered a job, will you consent to a medical exam?  Yes  No

List days absent/tardy from work/school in the last two years: \_\_\_\_\_

## AGREEMENTS--CERTIFICATIONS--CONSENTS

I authorize an inquiry to collect information relating to data contained in my application, my character, general reputation, personal characteristics, criminal record history and motor vehicle record. I authorize all individuals, corporations, organizations and agencies who possess information about me to release to Liberty Public Schools and its designated representatives ("the District") all such information and to allow copying of any data. I understand that information furnished by me or obtained as a result of any inquiry will be considered as a part of the overall evaluation of my qualifications for the type of work requested. I release and hold harmless each such person or entity and the District and the designated representatives of any of them, from all liabilities or claims arising from any inquiry concerning me, or release of any information concerning me to the District. A photocopy of this authorization shall be as sufficient as the original.

I understand the importance of safety in transportation and realize that drug and alcohol consumption may detrimentally affect a person's ability to work safely. If I should receive an offer of employment as an operator of a commercial motor vehicle, I consent, as a part of the processing of my application for employment and, if employed, periodically thereafter, to the collection and analysis of samples of breath and/or urine, with or without notice, for the purpose of detecting drug and alcohol consumption, and to the reporting of the findings of such analysis to the District. I understand that refusal to submit to such collection and analysis is cause for denial of employment and/or for immediate discharge without prior notice. I further agree to complete all documents required by the District for the purpose of collection and analysis of my breath and urine samples and the reporting of the findings of such analysis.

I acknowledge that the acceptance of this application does not create an offer of employment and that any offer of employment may be withdrawn at any time by the District. I acknowledge that any employment is for an indefinite period of time and may be terminated with or without cause, and with or without prior notice, at any time at the option of the District or myself, and that the conditions of employment may be changed by the District at its discretion. I understand that no representative or employee of the District has any authority to enter into any contract or agreement to the contrary, excepting only the Superintendent and then only if such commitments is in a signed written document. In the event I am hired by the District and in consideration for my employment by the District, I understand that I will be required to conform to all rules and regulations of the District either presently existing or as further modified.

I certify that the information contained in this application or supplementary materials is correct and complete, and understand that falsification or omission of information in this application is grounds for refusal to hire; or, if hired, dismissal.

Drma Denise Thomas  
Signature

6-4-98  
Date

STATE OF TEXAS  
COMMERCIAL DRIVER LICENSE

License Number: [REDACTED]

**THOMAS  
IRMA DENISE**

[REDACTED]

Birthdate: [REDACTED] Expiration Date: 06-01-2022

Sex: [REDACTED] Height: [REDACTED] Weight: [REDACTED]

Class: [REDACTED]

Signature: *Thomas A. Denise*



Customer Assistance Bureau  
P.O. Box 200  
Jefferson City, MO 65105-0200

STATE OF MISSOURI  
Department of Revenue

(573) 751-3680

LIBERTY PUBLIC SCHOOLS  
801 SOUTH KENT ST  
LIBERTY, MO 64068

Account Number: 1065

April 27, 2004

School Bus Permit Applicant: IRMA DENISE THOMAS  
[REDACTED]

The Customer Assistance Bureau received your application fee for a school bus permit. You have met all requirements for a temporary school bus permit valid for 120 days. The temporary permit is enclosed.

The issuance of the regular school bus permit is pending a criminal history check by the Missouri State Highway Patrol. You will receive your permit or denial letter within 90 days.

If you have any questions about this letter, please contact us at the address shown above, or phone, (573) 751-3680. Also, include your account number on any correspondence.

Art Leason, Unit Supervisor  
License Issuance Section  
Customer Assistance Bureau

MISSOURI DEPARTMENT OF REVENUE SCHOOL BUS PERMIT			
NAME THOMAS, IRMA DENISE			
LICENSE NUMBER [REDACTED]		CONTROL NUMBER [REDACTED]	
RESTR	TYPE	VALD	ISSUED TO
			ART LEASON
DRIVER LICENSE MUST BE VALID			

Customer Assistance Bureau  
P.O. Box 200  
Jefferson City, MO 65105-0200

STATE OF MISSOURI  
Department of Revenue

(573) 751-3680

LIBERTY PUBLIC SCHOOLS  
801 SOUTH KENT ST  
LIBERTY, MO 64068

Account Number: 1065

June 4, 2004

School Bus Permit Applicant: IRMA DENISE THOMAS

You have now passed all requirements for issuance of a school bus permit. The school bus permit is enclosed.

If you have any questions about this letter, please contact us at the address shown above, or phone, (573) 751-3680. Also, include your account number on any correspondence.

Art Leason, Unit Supervisor  
License Issuance Section  
Customer Assistance Bureau

MISSOURI DEPARTMENT OF REVENUE/SCHOOL BUS PERMIT		
NAME THOMAS, IRMA DENISE		
LICENSE NUMBER <del>XXXXXXXXXX</del>		CONTROL NUMBER WAIVER
RESTR.	TYPE	VALID
A	1	07/12/04 TO 07/11/07
DRIVER LICENSE MUST BE VALID		

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MISSOURI DEPARTMENT OF REVENUE  
 CUSTOMER ASSISTANCE BUREAU  
 MEDICAL EXAMINATION FOR SCHOOL BUS OPERATOR'S PERMIT

Room #1

FORM...  
**3056**  
 (REV. 8-02)

**PLEASE TYPE OR PRINT**

NAME OF APPLICANT (LAST, FIRST, MIDDLE) Thomas, Irma Denise DATE OF BIRTH [REDACTED]

STREET ADDRESS [REDACTED] SEX  M  F

CITY, STATE, ZIP CODE [REDACTED] DRIVER LICENSE NUMBER [REDACTED] STATE MO

COLOR VISION DEFICIENCY?	IF LENS/LENSES WORN DURING VISION TEST, RECORD IN CORRECTED BOX.											
	ACUTY	LEFT	RIGHT	BOTH	ACUTY	LEFT	RIGHT	BOTH	ACUTY	LEFT	RIGHT	BOTH
DO YOU WEAR CONTACT LENSES [REDACTED] NO	NO AID	20/	20/	20/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

IF THE VISION SPECIALIST COMPLETING THE EXAMINATION IS DIFFERENT THAN THE MEDICAL EXAMINER COMPLETING THE REMAINING PART OF THIS FORM, PLEASE SIGN.

PRINTED VISION SPECIALIST'S NAME [REDACTED] VISION SPECIALIST'S SIGNATURE [REDACTED] DATE OF EXAMINATION [REDACTED] MEDICAL LICENSE NUMBER [REDACTED]

ADDRESS INCLUDING CITY, STATE, ZIP CODE [REDACTED] OFFICE TELEPHONE NUMBER ( )

LEFT EAR [REDACTED] RIGHT EAR [REDACTED]

DISEASE OR INJURY No HEARING AID  YES  NO

AUDIOMETRIC TEST (COMPLETE ONLY IF AUDIOMETER IS USED) DESCRIBE LOSS AT:

500 HZ	LEFT	RIGHT	1,000 HZ	LEFT	RIGHT	2,000 HZ	LEFT	RIGHT
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

IF THE MEDICAL EXAMINER COMPLETING THE HEARING EXAMINATION IS DIFFERENT THAN THE MEDICAL EXAMINER COMPLETING THE REMAINING PART OF THIS FORM, PLEASE SIGN.

PRINTED MEDICAL EXAMINER'S NAME [REDACTED] MEDICAL EXAMINER'S SIGNATURE [REDACTED] DATE OF EXAMINATION [REDACTED] MEDICAL LICENSE NUMBER [REDACTED]

ADDRESS INCLUDING CITY, STATE, ZIP CODE [REDACTED] OFFICE TELEPHONE NUMBER ( )

HEAD OR SPINAL INJURIES SEIZURES, FITS, FAINTING, CONVULSIONS OR DIZZINESS CARDIOVASCULAR DISEASE NEUROLOGICAL OR MENTAL DISORDERS OTHER	[REDACTED]	ACTIVE TUBERCULOSIS TEST CURRENT COMMUNICABLE DISEASE LESS THAN NORMAL USE OF ARMS, HANDS, LEGS AND FEET EVIDENCE - ALCOHOL/DRUG USE IS APPLICANT ON SEDATIVE DRUGS/BLOOD PRESSURE MEDICATION? OTHER	[REDACTED]
EXPLAIN ANY CONDITIONS INDICATED ABOVE.	[REDACTED]	EXPLAIN ANY CONDITIONS INDICATED ABOVE.	[REDACTED]

ANY NOTABLE PROBLEMS WITH BLOOD PRESSURE [REDACTED]

BLOOD PRESSURE SYSTOLIC: [REDACTED] DIASTOLIC: [REDACTED] URINALYSIS SUGAR: [REDACTED] ALBUMIN: [REDACTED]

LUNGS [REDACTED] HEART [REDACTED]

NOSE AND THROAT [REDACTED]

COMMENTS ON ABNORMAL FINDINGS: [REDACTED]

I CERTIFY I HAVE EXAMINED THE INDIVIDUAL NAMED ABOVE AND FIND THAT THIS PERSON  IS  IS NOT PHYSICALLY QUALIFIED TO SAFELY OPERATE A SCHOOL BUS.

PRINTED MEDICAL EXAMINER'S NAME SCOTT Seelwani MEDICAL EXAMINER'S SIGNATURE [Signature] DATE OF EXAMINATION 6/8/04 MEDICAL LICENSE NUMBER MO R5F99

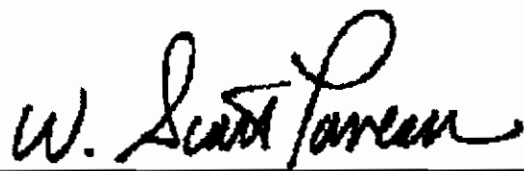
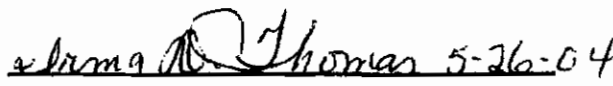
ADDRESS INCLUDING CITY, STATE, ZIP CODE 130 S. Stewart Rd., Liberty, MO 64068 OFFICE TELEPHONE NUMBER [REDACTED]

# NON-CERTIFIED EMPLOYMENT AGREEMENT

This agreement, is entered into on MAY 28,2004 , by and between the Liberty Public School District No. 53, hereinafter sometimes referred to as "District" and, THOMAS, IRMA D hereinafter sometimes referred to as " Employee." In consideration of the mutual covenants and promises contained herein the District and Employee agree as follows:

1. The District agrees to employ Employee as TR DRIVER for a period of the School Term, commencing on 08/18/04 and continuing until the date of termination as hereinafter defined. Employee hereby accepts the employment by the District.
2. The Employee shall devote his/her full time and best efforts to the performance of the duties of the employment and all reasonably related tasks as may be assigned by the Superintendent of Schools or his/her designee.
3. The Employee shall be compensated at the pay rate of **\$12.60** Per Hour as per TRAN schedule, level 1 and step 7. Employees receiving district paid health benefits shall be paid over 12 months. Wages are payable on the 25th day of each month or such date as is designated by the District.
4. It is understood that all conditions of employment, including sick leave, paid time off, and vacation time, shall be in accordance with written policies and regulations of the Liberty School District.
5. The District shall provide benefits and allow deductions for Employees pursuant to the attached eligibility list. Pursuant to the same list, health insurance shall also be made available to the dependents of the Employee at Employee's cost.
6. Either party may terminate this agreement, at any time without notice. Either party with or without cause or for no cause at all may terminate this agreement. It is further understood and agreed that all assignments to position are subject to change or termination as the interest of the District may require. This employment is at will. At termination the District shall be obligated to pay only such compensation and benefits earned to the date of termination.

I hereby accept the position, rate of pay, and all other conditions of employment as outlined above.

	<p style="text-align: center;">LIBERTY PUBLIC SCHOOL DISTRICT NO. 53</p> 
SUPERINTENDENT OF SCHOOLS	EMPLOYEE
DATE	DATE
	THOMAS, IRMA D

## Driver Training Pay Compensation Agreement

It is my understanding that I will be compensated for driver training only if and/or when I have completed my training and have received my CDL and school bus operator permit. If I fail to drive for a minimum of 90 days, I will be required to refund the driver training pay in the amount of \$ 200<sup>00</sup>/<sub>00</sub>.

The above agreement between Liberty Public School District Transportation Department and myself is agreed upon at this date

6-22-98

*Pass Bonus ✓  
8/25/98 check  
D.O.H. 7-13-98*

*[Signature]*  
Driver Trainee Signature

*[Signature]*  
Director of Transportation



National Safety Council®

Course Completion Date:

Course Expiration Date:

Name Irma Denise Thomas

Address

Address

City, State, Zip

Training Agency:

Instructor Name:

Instructor Number:



Fighting Heart Disease and Stroke

Heartsaver CPR

I. Denise Thomas

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Heartsaver CPR Program. Adult / Child / Infant

AUG 2002  
Issue Date

2004

AUG

2004

Recommended Renewal Date

**FIRST AID INSTITUTE**

*Standard*

**First Aid Course**

**CERTIFICATE OF COMPLETION**

This certifies that the person named above has successfully completed a National Safety Council First Aid course

**THIS DOCUMENT IS VOID IF REPRODUCED**



National Safety Council®

Founded in 1913, the National Safety Council is a non-governmental, not-for-profit international public service organization devoted to protecting life and promoting health.

*Our mission: to educate and influence society to adopt safety, health and environmental policies, practices and procedures that prevent and mitigate human suffering and economic losses arising from preventable causes.*

**You have the power to save a life**

10



Irma Denise Thomas

has completed the National Safety Council

First Aid Course

Course Completion Date:

8/09/02

Course Expiration Date:

8/09/05

[Signature]

Instructional Hours:

Alan C. McMillan, President

Liberty Hospital  
TRAINING AGENCY

Judy Haas  
Instructor Name

Instructor Number

Security Control No.

275973

Keep this card for your records. Void if reproduced.

Liberty Schools Training for Denise Thomas  
May 9, 2005

June 1998:

- 18.5 Behind the Wheel training covering:
- CDL skills, Pre-trip, Rural Driving.
- 22.5 Class time hours covering: Load/Unload Procedures, Emergency Situations, Defensive Driving, Activity Trips, Pupil Management.
- Background Check for Criminal History/Driving Record for past 7 years.

August 1998:

- CPR/First Aid

August 2000:

- CPR/first Aid

August 2002:

- CPR/First Aid

August 2003:

- 3 hours Behind the Wheel training for Transit Bus.
- 2 hours Wheelchair training.

1998-2005:

- Denise has attended monthly training meetings offered every school year.
- Denise has attended yearly August Orientation training consisting of 24 hour refresher laws/skills.
- Annual Physical

1998:

- Required pre-employment Drug Testing

Random Drug Testing included Denise Thomas:

- July 1999
- July 2001
- Oct. 2001
- April 2002
- Sept. 2003
- Oct. 2003
- Sept. 2004

