



SCHOOL SUPPLEMENTAL APPLICATION

1. Name of organization: _____
2. Date school was founded or Chartered: ____/____/____
3. Please describe the type of school: _____
4. What grades do you serve? _____ through _____ Co-ed? Yes No
5. Does the hiring process include:
 - Pre-placement drug testing Drug-free workplace MVR check
 - Criminal background check Pre-placement reference check Other
6. How many employees?
 - _____ Teachers _____ Administration _____ Maintenance
 - _____ Drivers _____ Volunteers _____ Other
7. Number of Full Time Employees _____ Part Time Employees _____
8. What is the student to teacher ratio? _____ to _____
9. Does any faculty travel outside the country? Yes No If yes, how many times? _____
Describe types of trips taken, destination(s), and purpose. _____
10. Is proof of vehicle insurance obtained from employees who drive their own vehicle on school trips?
Yes No
11. Do you house students? Yes No Do you house students year round? Yes No
12. Are staff members present in dorms over night? Yes No
Safety Controls of building:
 - Emergency Evacuation Drills Central Fire Alarm Fire Extinguishers
 - Evacuation Plan Sprinkler System Other _____
13. What is the date of the last fire & building inspection? _____
Were there any violations? Yes No
14. What is the date of your last evacuation drill? _____
15. Is there cooking done on the premises? Yes No Is the kitchen up to code? Yes No
Do you obtain a certificate of insurance? Yes No Last State inspection date: ____/____/____
16. What services are outsourced? (check all that apply)
 - Cafeteria Facility Maintenance Snow / Ice Removal Security
 - Grounds keeping Janitorial Transportation Nurses
 - Before/After School Program Other _____
17. Do you obtain a certificate of insurance from Sub-Contractors? Yes No

18. Do you transport children? Yes No **If yes, please complete the questions below**

Driver Information:

Do you have a drug testing policy in place? Yes No

MVR's obtained? Yes No - Upon hire **or** For Cause

Do you have MVR's criteria in place? Yes No

Do any of your employees take a company vehicle home? Yes No **If yes, how many?** _____

Do you provide driver training? Yes No **If yes, type of Training?** _____

Upon Hire Annually Remedial

Do you require a minimum of driver experience? Yes No **If yes, how many years?**

_____ **Please indicate the total number of driver who drive agency vehicles** _____

_____ Full Time _____ Part Time _____ Volunteer _____ Other

19. Do you have any of the following?

Chemical Lab Woodworking Shop Animals Pool

Automotive Repair After School Care Summer Camp Home Economics

Dispense Medication

Interscholastic Athletics Yes No **If yes,** In State **or** Out of State

20. Security - Do you have security guards on the premises? Yes No **If yes, complete the questions below:**

Are there security guards or police officers on the premises daily? Yes No

Indicate the number of security guards on the premises:

_____ Employed _____ Unarmed Security _____ Armed Security

_____ Contracted _____ Unarmed Security _____ Armed Security

21. Do you have metal detectors at all entrances? Yes No

22. Do you have security cameras inside the building and outside on the campus? Yes No

23. Do you have an Emergency Panic Box on the campus? Yes No

24. Do you provide "Alice/Active Shooter" Training? Yes No

If yes, what is the date of the last training? _____

25. Safety Programs - please check all that apply:

Kitchen Safety WC Accident Investigation Safety Committee

Return to Work/Transitional Duty Documented Facility Inspection Footwear Policy

De-escalation Training Bloodborne Pathogens Emergency Action Plan

Hazard Communication Laboratory Safety Workplace Violence

Personal Protective Equipment Other

Applicant Name

(Please print)

Edition date 06/28/2021

Title

Signature

Date