

APPLICATION FOR POSITION  
Of  
**REGULAR OR SUBSTITUTE BUS DRIVER**

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle Initial) (Other\*)

\*Optional: If additional information relative to a change of name, use of an assumed name or nickname is necessary to enable a check of your work, education or other record, please indicate that name and explain.

Present Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_  
(Permanent) (Alternate) (Cellphone)

Last Previous Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  
\_\_\_\_\_

1) Class of Driver's License \_\_\_\_\_ Expiration date of such license \_\_\_\_\_  
Motorist Identification No. \_\_\_\_\_ State of Issuance \_\_\_\_\_

2) How many years have you driven? \_\_\_\_\_  
Have you ever had an accident while driving in the past 5 years, which resulted in injuries to yourself or others? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe extend of accident or accidents \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Have you been convicted of moving traffic violations (reckless driving, speeding, etc.) or of any criminal act during the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_

Date	Charge	Court & Location

4) Experience driving passenger bus or heavy truck \_\_\_\_\_ years  
Experience driving light truck or station wagon \_\_\_\_\_ years

5) Do you use intoxicants? Frequently \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

6) Do you use drugs? Frequently \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

7) Have you ever had any convulsions or period of unconsciousness? Yes \_\_\_\_\_ No \_\_\_\_\_

8) Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_  
\_\_\_\_\_

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9) List employment, in consecutive order for the past three (3) years.

Employer (Address & Phone #)	Supervisor	Type of Work

10) Have you ever attended a Bus Driver Training Course? Yes \_\_\_\_ No \_\_\_\_  
 Other such courses? Yes \_\_\_\_ No \_\_\_\_ If yes, give date, place and duration of each kind of course.

Date	Place	Duration

Did you receive a certificate? Yes \_\_\_\_ No \_\_\_\_

11) Attach to this application at least three (3) statements from three (3) different persons, who are not related to you either by blood or marriage, pertaining to your moral character and reliability.

- List their Names:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

I, hereby grant permission to the Alfred-Almond Central School District, to contact and investigate my former and current employers, and all other pertinent parties, to fully investigate my background.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when it is discovered, may result in the refusal of employment, or if I have already been employed, constitute cause for my immediate termination.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

If you knowingly make a false statement on this application, you commit a misdemeanor.

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I have received the above application, the three character statements and the physician report pertaining to the above-named applicant for the position of BUS Driver for the year 20 \_\_\_\_ - 20 \_\_\_\_ for School District No. 1.

Town of Almond  
 County of Allegany

I hereby approve the employment of \_\_\_\_\_  
 (Name of Applicant)

\_\_\_\_\_  
 Superintendent

\_\_\_\_\_  
 Date