



## SCHOOL BUS DRIVER APPLICATION

| PERSONAL INFORMATION  |  |
|---|--|
| Name:   | Date:  |
| Address:  | Phone:   |
| City, State, Zip:   | Cell Phone:  |
| Email:  | Social Security # (optional):  |
| Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Are you a volunteer Fire Fighter? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you previously worked in the South Colonie School District? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please state position held and date of employment: _____   |  |
| Are you a member of the NYS and Local Employees' Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please indicate retirement number: _____  |  |
| Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please explain. A conviction will not necessarily be a bar to employment. _____<br>_____   |  |
| <b>Availability:</b> Substitute <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/><br><br><input type="checkbox"/> I am <b>not</b> interested in remaining a substitute and would like a permanent position.<br><input type="checkbox"/> I would like to remain a substitute. |  |
| Class of Driver's License: _____ Expiration Date _____  |  |
| Motorist Identification Number: _____ State of Issuance: _____  |  |
| How many years have you been driving? _____   |  |
| Active driving experience: _____ Years  |  |
| Passenger bus/heavy truck: _____ Years  |  |
| Light truck or station wagon: _____ Years   |  |
| Have you ever had an accident while driving during the past 5 years which resulted in injuries to yourself or others? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, describe extent of accident(s): _____   |  |
| Have you been convicted of a moving traffic violation (reckless driving, etc.) during the past 3 years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain: _____<br>_____  |  |
| Charge: _____ Date: _____   |  |

## EDUCATIONAL BACKGROUND

|                 | School Name & Address | Course of Study | # Years Completed | Graduated?  |
|-----------------|-----------------------|-----------------|-------------------|---|
| High School     |                       |                 |                   | Y <input type="checkbox"/> N <input type="checkbox"/> |
| College         |                       |                 |                   | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Graduate/Prof.  |                       |                 |                   | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Other (Specify) |                       |                 |                   | Y <input type="checkbox"/> N <input type="checkbox"/> |

Have you ever attended a Bus Driver training course or other such courses?  Yes  No

If yes, give date, location and duration of each kind of course: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

**List your current employer (if any), two previous employers, dates worked, address and telephone numbers.**

Current Employer Name:

|            |             |
|------------|-------------|
| Address:   | Telephone:  |
| Job Title: | Job Duties: |

Previous Employer Name:

|            |             |
|------------|-------------|
| Address:   | Telephone:  |
| Job Title: | Job Duties: |

Previous Employer Name:

|            |             |
|------------|-------------|
| Address:   | Telephone:  |
| Job Title: | Job Duties: |

## REFERENCES

**Please list three references with telephone numbers. Persons named cannot be relatives.**

| <u>Name</u> | <u>Relationship</u> | <u>Organization</u> | <u>Phone</u> |
|-------------|---------------------|---------------------|--------------|
|             |                     |                     |              |
|             |                     |                     |              |
|             |                     |                     |              |

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**RELEASE AUTHORIZING CHECK OF APPLICANTS CREDENTIALS AND REFERENCES**

I, \_\_\_\_\_, have applied for employment with South Colonie Central School (hereinafter referred to as "School District) to work as \_\_\_\_\_ (job title). I understand that in order for the School District to determine my eligibility, qualifications and suitability for employment, the School District will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution have attended about my education, training experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution.

I waive \_\_\_\_\_ /do not waive \_\_\_\_\_ (initial only one) my right to see any written reference or other information provided by any employer or educational institution.

I agree not to assert any claims or causes of action of any kind against the School District, its agents, its employees, or any individual contacted by the School District, arising out of the School District's investigation. I further release and forever discharge the School District, its agents, its employees, and the individuals, employers or educational institutions contacted by the School District as part of its investigation, from any and all claims, demands, damages, actions causes of action, or suits of any kind or nature whatsoever arising from the School District's investigation of my credentials and references. I acknowledge that the School District has made no representations of any kind as to whether employment will be offered at the conclusion of the investigation.

A photocopy or facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness