

ROTTERDAM-MOHONASEN CENTRAL SCHOOLS

TRANSPORTATION DEPARTMENT
2090 HELDERBERG AVE
SCHENECTADY, NEW YORK 12306
(518) 356-8260

APPLICATION FOR REGULAR AND SUBSTITUTE BUS DRIVERS

Name _____ Date of Birth_____

Social Security Number _____ Phone Number _____

Present Address_____

Previous Address_____

Current Driver's License Class _____ Motorist Identification Number _____

Expiration Date _____ State of Issuance _____ Number of Years Driving Experience _____

Have you had an accident while driving in the last five years? Yes _____ No _____

If yes, please describe extent of the accident or accidents:

Have you ever been convicted of a moving traffic violation (reckless driving, etc.) during the past three years?

<u>DATE</u>	<u>CHARGE</u>	<u>COURT & LOCATION</u>
_____	_____	_____
_____	_____	_____

Active Driving Experience: _____ Years CDL Driving Experience: _____ Years

Are you currently School Bus Qualified? _____

Have you attended the School Bus Driver Safety Course? _____

Do you drink alcohol? Frequently _____ Seldom _____ Never _____

Have you ever used drugs without a prescription? Yes _____ No _____

Do you have any medical condition that would affect your driving? Yes _____ No _____

If yes, please explain.

EMPLOYMENT HISTORY Please list your employers of the last 10 years

Place of employment Supervisor Date(s) of Employment Phone Number

You will be asked to have three persons not related to you by either blood or marriage complete a reference form pertaining to your moral character and reliability. Please list their names below.

Name Address Phone Number

To the best of my knowledge and belief the answers to the above questions are true. (If you knowingly make a false statement in this application, you commit a misdemeanor.) I also authorize the Rotterdam-Mohonasen Central Schools to request my New York State driving record for the past three (3) years.

Date

Signature of Applicant

Date of Review of Application

Assistant Superintendent for Business

I have reviewed the above application, the three character statements, and the physicians report pertaining to the above named applicant for the position of bus driver for the year _____ for Rotterdam-Mohonasen C.S.D., Town of Rotterdam, County of Schenectady.

I hereby approve his (her) employment

Date

Superintendent of Schools
