

ROTTERDAM-MOHONASEN CENTRAL SCHOOLS

TRANSPORTATION DEPARTMENT
300 WARRIOR WAY
SCHENECTADY, NEW YORK 12303
(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/or conviction while driving in the last five years? Yes _____ No _____

If yes, please explain:

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? Daily _____ Occasionally _____ Never _____

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

Do you have any medical condition that would affect your driving?
(Diabetes, high blood pressure, sleep apnea, etc.) Yes _____ No _____

EMPLOYMENT HISTORY Please list your employers of the last 10 years

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

EDUCATION: High School/GED:

(School)

(Year completed)

College:

(School attended)

(Degree)

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

ROTTERDAM-MOHONASEN CENTRAL SCHOOL DISTRICT

Transportation Department
300 Warrior Way
Schenectady, NY 12303
Office: 518-356-8260 Fax: 518-356-8269

We would appreciate your estimate of _____ who has applied for the position of school bus driver/aide. Your reply will be honored as entirely confidential.

Your Name _____ Phone Number _____

Address _____ Zip Code _____

The job of a school bus driver/aide requires physical strength, stamina, lack of nervousness, ability to meet emergencies and a genuine commitment to children.

In your opinion, does this candidate meet these qualifications? _____ (yes or no)

Please explain why you feel this candidate is qualified or unqualified. _____

How long and in what capacity have you known the candidate? _____

If previously employed, would you re-employ this person? _____

Is the candidate of good moral character? _____

Is the applicant reliable? _____

Would the candidate, in your opinion, be able to deal with young children successfully? _____

Please add any further information concerning the candidate to assist us in our evaluation of the candidate.

(Return to Transportation Office at Address above)