

ROTTERDAM-MOHONASEN CENTRAL SCHOOLS

TRANSPORTATION DEPARTMENT

2072 CURRY RD

SCHENECTADY, NY 12303

(518) 356-8260 TRANSPORTATION@MOHONASEN.ORG

APPLICATION FOR REGULAR AND SUBSTITUTE BUS DRIVERS

Name _____ Date of Birth _____

Social Security Number _____ Phone Number _____

Email Address _____

Home Address _____

Does your address on your driver's license match the above address? Yes No

Current Driver's License Class ____ Motorist Identification Number _____

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

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

If yes, please describe the extent of the accident(s): _____

Have you been convicted of a moving violation (reckless driving, etc.) during the past three years? Yes No If yes, please provide details below.

Date	Charge	Court & Location

Active Driving Experience: _____ years Bus or Heavy Truck Experience: _____ years

Are you currently School Bus Qualified? Yes No

Have you completed the School Bus Driver Safety Course? Yes No

Do you consume alcohol? Frequently Seldom Never

Do you consume or use cannabidiol (CBD) products? Frequently Seldom Never

Do you use prescription drugs that are not prescribed to you? Yes No

EMPLOYMENT HISTORY

Please list your employers for the last five years.

Place of Employment Start/End Dates Supervisor Name Phone Number

You will be asked to have three people 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 false statements in this application, you are committing a misdemeanor.)

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 _____ school year for Rotterdam-Mohonasen C.S.D., Town of Rotterdam, County of Schenectady.

I hereby approve of his/her employment.

Date

Superintendent of Schools