

Application Date \_\_\_\_\_

**IROQUOIS CENTRAL SCHOOL**  
**APPLICATION FOR POSITION OF REGULAR OR SUBSTITUTE DRIVER**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_

Present Address \_\_\_\_\_

Last Previous Address \_\_\_\_\_

Class of Drivers License \_\_\_\_\_ Expiration date \_\_\_\_\_

Motorists Identification # \_\_\_\_\_ State of Issuance \_\_\_\_\_

1. How many years have you driven? \_\_\_\_\_ Have you had an accident within the last 5 years which resulted in injuries to yourself or others? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

If yes, describe extent of accident or accidents:

\_\_\_\_\_

2. Have you been convicted of any moving traffic violations? (Reckless driving, Speeding, etc.), Or any criminal act during the past three years? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO) If yes, please give details:

<u>Date</u>	<u>Charge</u>	<u>Court and Location</u>
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\_\_\_\_\_

3. Total active driving experience \_\_\_\_\_ years

Driving experience passenger bus or heavy truck \_\_\_\_\_ years

Driving experience light truck or station wagon \_\_\_\_\_ years

Driving experience backing with mirrors \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

4. How many years have you been licensed in New York State? (Dates) \_\_\_\_\_ to \_\_\_\_\_

How many years have you been licensed in other states? (Dates) \_\_\_\_\_ to \_\_\_\_\_ the State of \_\_\_\_\_

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

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

7. Have you ever had any convulsions or periods of unconsciousness? Frequently \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

8. Are you presently employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

\_\_\_\_\_

THE IROQUOIS CENTRAL SCHOOL BOARD OF EDUCATION PROVIDES EQUAL OPPORTUNITY IN EMPLOYMENT AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, CREED, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS OR DISABILITY IN EMPLOYMENT, PROMOTION, OR WORK ASSIGNMENTS.

9. Have you ever been released or asked to resign from a position? \_\_\_\_\_(YES) \_\_\_\_\_(NO)

If yes, why?\_\_\_\_\_

10. List employment, in consecutive order for the past ten years:

Employer's Name                      Address                      Dates                      Phone #

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11. 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 course:

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Did you receive a certificate? \_\_\_\_\_ (YES) \_\_\_\_\_ (NO)

Have you previously worked for the District?

If yes, state dates and position(s) held:\_\_\_\_\_

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REFERENCES:

List three (3) people who are not related to you either by blood or marriage, pertaining to your moral character and reliability. These references must be attached to this application in the form of statements from three people you have chosen.

NAME                      ADDRESS                      OFFICIAL POSITION                      PHONE

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**PHYSICAL AND HEALTH:**

Do you have any physical, mental or medical impairments or disabilities which would interfere with your ability to reasonably perform the job for which you have applied? If so, please list:

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THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR MY DISMISSAL REGARDLESS OF WHEN THIS IS DISCOVERED BY THE DISTRICT. I HEREBY AUTHORIZE INVESTIGATION OF THE TRUTH AND COMPLETENESS OF THE INFORMATION CONTAINED IN THIS APPLICATION INCLUDING CHECKING WITH SCHOOLS, PRIOR EMPLOYERS AND LAW ENFORCEMENT AGENCIES.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

I have reviewed the above application, the three character statements and the report of the physician pertaining to the above – named applicant for the position of bus driver for the year \_\_\_\_\_ - \_\_\_\_\_

Town of \_\_\_\_\_ County of \_\_\_\_\_

I hereby approve his (her) employment.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Chief School Officer)

Revised 8/12