

APPLICATION FOR POSITION
Of
BUS GARAGE ASSISTANT WITH BUS DRIVER DUTIES

Name _____ Date _____
(Last) (First) (Middle Initial) (Other*)

*Optional: If additional information relative to a change of name, use of an assumed name or nickname is necessary to enable a check of your work, education or other record, please indicate that name and explain.

Present Address _____
(Number) (Street) (City) (State) (Zip Code)

Telephone: _____
(Permanent) (Alternate) (Cellphone)

Last Previous Address _____ Social Security No. _____

1) Class of Driver's License _____ Expiration date of such license _____
Motorist Identification No. _____ State of Issuance _____

2) How many years have you driven? _____
Have you ever had an accident while driving in the past 5 years, which resulted in injuries to yourself or others? Yes ____ No ____
If yes, describe extend of accident or accidents _____

3) Have you been convicted of moving traffic violations (reckless driving, speeding, etc.) or of any criminal act during the past three years? Yes ____ No ____

Date	Charge	Court & Location

4) Experience driving passenger bus or heavy truck _____ years
Experience driving light truck or station wagon _____ years

5) Do you use intoxicants? Frequently ____ Seldom ____ Never ____

6) Do you use drugs? Frequently ____ Seldom ____ Never ____

7) Have you ever had any convulsions or period of unconsciousness? Yes ____ No ____

8) Are you presently employed? Yes ____ No ____ If yes, where? _____

Continued on Back

9) List employment, in consecutive order for the past three (3) years.

Employer (Address & Phone #)	Supervisor	Type of Work

10) 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 kind of course.

Date	Place	Duration

Did you receive a certificate? Yes ____ No ____

11) Attach to this application at least three (3) statements from three (3) different persons, who are not related to you either by blood or marriage, pertaining to your moral character and reliability.

- List their Names:
1. _____
 2. _____
 3. _____

I, hereby grant permission to the Alfred-Almond Central School District, to contact and investigate my former and current employers, and all other pertinent parties, to fully investigate my background.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when it is discovered, may result in the refusal of employment, or if I have already been employed, constitute cause for my immediate termination.

 Signature of Applicant

 Date

If you knowingly make a false statement on this application, you commit a misdemeanor.

I have received the above application, the three character statements and the physician report pertaining to the above-named applicant for the position of BUS Driver for the year 20 ____ - 20 ____ for School District No. 1.

Town of Almond
 County of Allegany

I hereby approve the employment of _____
 (Name of Applicant)

 Superintendent

 Date