

NORTH WARREN CENTRAL SCHOOL
 SCHOOL BUS GARAGE
 CHESTERTOWN, NY 12817
BUS DRIVER APPLICATION – REGULAR OR SUBSTITUTE

Name _____ Date _____

Address _____ Phone # _____

_____ Social Security # _____

Last Previous Address _____

1. Class of Drivers License _____ Expiration Date _____

Motorist I.D.# _____ Date of Issuance _____

2. How many years have you driven? _____
 Have you ever had an accident while driving during the past five years, which resulted in injuries to yourself or others?
 Yes _____ No _____

If yes, describe extent of accident: _____

3. Do you have any moving traffic violations or criminal charges pending? _____

If yes, list violations:

DATE	CHARGE	COURT & LOCATION

4. Have you ever been convicted of moving traffic violations (reckless driving, speeding, etc.) or of any criminal act during the past three years? _____

If yes, list violations:

DATE	CHARGE	COURT & LOCATION

5. Active driving experience: _____ years

Passenger, Bus, or Truck: _____ years

Light Truck or Station Wagon: _____ years

6. Do you use intoxicants? Frequently _____ Seldom _____ Never _____

7. Do you use drugs? Frequently _____ Seldom _____ Never _____

8. Have you ever had any convulsions or periods of unconsciousness? _____

9. Do you have any physical defects that could prevent you from carrying out your duties? If yes, explain:

10. Are you presently employed? _____ If yes, where?

PREVIOUS EMPLOYMENT						
Employer	Name	Address	Dates Employed	Position Held	Monthly Pay	Reason for Leaving

State the reasons you are applying for this position, and why you think you will succeed in it.

- 11. Have you ever attended a Bus Driver Training Course? _____
 Other such courses? _____ I yes, give date _____, place _____, and
 Duration of course _____. Did you receive a certificate? _____
- 12. Attach at least three (3) statements from three (3) different persons, who are not related to you either by blood or marriage, reflecting your moral character and reliability.
- 13. To the best of my knowledge and belief the answers to the questions on this application are true. Knowingly making a false statement on this application is a misdemeanor.

Signature of Applicant _____ Date _____

* I have reviewed the above application, the three character statements and the Physician's report pertaining to the above applicant for the position of bus driver for the year _____ - _____ at North Warren Central School.

Town of _____ County of _____

I hereby approve his/her employment:

 Supervisor of the Carrier or District Superintendent of Schools Date

*Denotes Education Department Requirements

North Warren Central School is an equal opportunity employer and does not discriminate on the basis of race, religion, age, sex or national origin.