



DISTRICT MISSION: TO EMPOWER ALL STUDENTS TO EXCEL AS CITIZENS IN A CHANGING WORLD

 <p><b>CENTRAL SQUARE REDHAWKS</b> <i>As One We Rise, Together We Soar.</i></p>	<p>Education Center Central Square Central Schools 44 School Drive Central Square, NY 13036 (315) 668-4220 FAX (315) 676-4437</p>	 <p><b>CENTRAL SQUARE REDHAWKS</b> <i>As One We Rise, Together We Soar.</i></p>
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## APPLICATION FOR POSITION OF REGULAR OR SUBSTITUTE BUS DRIVER

### Personal Information (Please Print Clearly)

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	<b>Social Security No.</b>  - -			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 33%; border-bottom: 1px solid black;">First Name</td> <td style="width: 33%; border-bottom: 1px solid black;">Middle</td> </tr> </table>	Last Name	First Name	Middle	
Last Name	First Name	Middle		
Home Address _____  Street _____ City _____ State _____ Zip _____				
Home Tel. _____	Business Tel. _____	May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>		

### Education

Type of School	Name and Address of School	Course of Study	No. of Years	Graduated (check one)
<b>High School</b>	Name _____			<input type="checkbox"/> Yes
	Address _____			<input type="checkbox"/> No
<b>College</b>	Name _____			<input type="checkbox"/> Yes
	Address _____			<input type="checkbox"/> No
<b>Graduate</b>	Name _____			<input type="checkbox"/> Yes
	Address _____			<input type="checkbox"/> No
<b>Other (Specify)</b>	Name _____			<input type="checkbox"/> Yes
	Address _____			<input type="checkbox"/> No

### U.S. Military Service

Branch of Service	Technical Specialization	Rank Attained
Did you receive a discharge other than honorable? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain: _____ _____		

**Bus Operator Driver's License Information: The following information is needed to order an abstract of your license from the New York State Motor Vehicle Department.**

Class of Driver's License \_\_\_\_\_ Expiration Date \_\_\_\_\_ Endorsements \_\_\_\_\_

Motorists ID No. \_\_\_\_\_ State of Issuance \_\_\_\_\_

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

How many years of driving experience do you have:

- Driving a personal vehicle? \_\_\_\_\_ years
- Driving a commercial vehicle? \_\_\_\_\_ years
- Passenger bus or heavy? \_\_\_\_\_ years
- Light truck or van experience? \_\_\_\_\_ years

Have you ever attended a bus driver-training course or other driving training courses? **Yes**  **No**

If yes, give the name, date, place and duration of the course. \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any moving traffic violations (e.g. reckless driving, etc) during the past 10 years?  
**Yes**  **No**

If yes, please specify the date of each conviction: \_\_\_\_\_

**Traffic Convictions**

Date of Violation	Location (City, State, Zip, County)	Date of Conviction	Of what charge were you convicted?	What type of vehicle were you driving?

Have you ever, in the past 15 years, been discharged from employment by any company/organization for which you have worked?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
If yes, please explain: _____		
_____		

## Employment History

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.

<b>1</b>	Employer	Dates Employed From: To:	Position(s) Held
Street Address		Telephone	
City	State	Zip Code	Supervisor's Name
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2</b>	Employer	Dates Employed From: To:	Position(s) Held
Street Address		Telephone	
City	State	Zip Code	Supervisor's Name
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3</b>	Employer	Dates Employed From: To:	Position(s) Held
Street Address		Telephone	
City	State	Zip Code	Supervisor's Name
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>4</b>	Employer	Dates Employed From: To:	Position(s) Held
Street Address		Telephone	
City	State	Zip Code	Supervisor's Name
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

**References**

These should be persons qualified to give any information to show your fitness for the position of School Bus Driver. The persons listed should not be related to you either by blood or marriage.

<u>Name</u>	<u>Mailing Address (Please include City and Zip Code)</u>	<u>Phone (with Area Code)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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***TO BE COMPLETED BY CHIEF SCHOOL OFFICER***

I HAVE REVIEWED THE ABOVE APPLICATION, THE THREE CHARACTER STATEMENTS AND THE REPORT OF THE PHYSICIAN PERTAINING TO THE ABOVE-NAMED APPLICANT FOR THE POSTION OF BUS DRIVER FOR THE YEAR 20\_\_\_\_ - 20\_\_\_\_ FOR SCHOOL DISTRICT # \_\_\_\_\_.

Town of Hastings County of Oswego

I HEREBY APPROVE HIS/HER EMPLOYMENT

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

# PRE-EMPLOYMENT INQUIRY RELEASE

I understand that investigative background inquiries are to be made on myself in connection with my application for employment with the Central Square Central School District. Reports will include criminal record, driving abstract, and other reports. These reports will contain information regarding my character, work habits, work performance, and experience along with reasons for termination of employment from previous employers.

I understand that you will be requesting the above information from various Federal, State, and other agencies that maintain records concerning my past activities relating to the above areas as well as claims involving me on record with insurance companies.

I AUTHORIZE WITHOUT RESERVATION ANY PARTY OF AN AGENCY CONTACTED BY THE CENTRAL SQUARE CENTRAL SCHOOL DISTRICT TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete the following information. PRINT CLEARLY.

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

# RELEASE FOR DRUG AND ALCOHOL TESTING

By my signature below, I voluntarily and knowingly agree to the following:

I consent to take any physical or medical examinations, including blood, urine or other tests for alcohol and drugs, which are requested by the Central Square Central School District in connection with the processing of my application for employment. I agree to take such examination requested by the District during my employment if I am offered and accept a job.

I understand that such examination is needed in order to determine my competence to perform the job or work for which I am hired, or to identify any physical or mental conditions bearing on my performance. I understand that refusal to submit to any physical or mental examination ordered by the District is grounds for rejection for employment, or for disciplinary action up to and including immediate discharge, if I am employed.

I further understand that if I am applying for a safety-sensitive position, I must successfully complete a USDOT drug test as required by 49 CFR Parts 40 and 382. I understand that a negative test result is a condition of employment and is required before I can perform a safety sensitive position.

I understand that any information may be retained by the District and is exclusively the District's property. I understand that any examination that is necessary for a determination of employment will be conducted by qualified medical personnel, clinics or laboratory personnel. Costs for such examinations will be borne by the District.

I UNDERSTAND THAT THE USE, MANUFACTURE, OR SALE OF DRUGS OR ALCOHOL, OR CHEMICALS WHICH INTERFERE WITH OR IMPAIR MY ABILITY TO PERFORM THE DUTIES OF THE POSITION I AM APPLYING FOR, OR AM HIRED FOR, IS GROUNDS FOR AUTOMATIC REJECTION OR IMMEDIATE DISCHARGE.

As part of this application, I certify that I have not had a positive pre-employment test result in the past 5 years.

I acknowledge that I have read the above information. I understand the contents read. I will abide by the above notice. I understand that a copy will be made part of my personnel file if I am offered and accept a job. A copy will be provided to me upon request. Any question regarding the Substance Abuse policy will be directed to the Transportation Supervisor.

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Signature

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Date