

ROTTERDAM-MOHONASEN CENTRAL SCHOOLS

TRANSPORTATION DEPARTMENT
300 WARRIOR WAY
SCHENECTADY, NEW YORK 12303
(518) 356-8260

APPLICATION FOR REGULAR AND SUBSTITUTE BUS DRIVERS

Name _____ Date of Birth _____

Social Security Number _____ Phone Number _____

Present Address _____

Previous Address _____

Current Driver's License Class _____ Motorist Identification Number _____

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

Have you had an accident/or conviction while driving in the last five years? Yes _____ No _____

If yes, please explain:

Active Driving Experience: _____ Years CDL Driving Experience: _____ Years

Are you currently School Bus Qualified? _____

Have you attended the School Bus Driver Safety Course? _____

Do you drink alcohol? Daily _____ Occasionally _____ Never _____

Have you ever used drugs without a prescription? Yes _____ No _____

Do you have any medical condition that would affect your driving?
(Diabetes, high blood pressure, sleep apnea, etc.) Yes _____ No _____

EMPLOYMENT HISTORY Please list your employers of the last 10 years

Place of employment Supervisor Date(s) of Employment Phone Number

EDUCATION: High School/GED: _____
(School) (Year completed)

College: _____
(School attended) (Degree)

You will be asked to have three persons 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 a false statement in this application, you commit a misdemeanor.) I also authorize the Rotterdam-Mohonasen Central Schools to request my New York State driving record for the past three (3) years.

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

I hereby approve his (her) employment

Date

Superintendent of Schools