

**SOUTH COLONIE CENTRAL SCHOOL DISTRICT**  
**102 Loralee Drive**  
**Albany, New York 12205**  
**(518) 869-3576**

**SCHOOL BUS DRIVER APPLICATION**

**Date** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ (Optional)

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

Are you a Veteran? ( ) Yes ( ) No      Are you a volunteer Fire Fighter? ( ) Yes ( ) No

Have you previously worked for the South Colonie Central School District? ( ) Yes ( ) No

If yes, please state your name at that time, year(s) worked and position held: \_\_\_\_\_

\_\_\_\_\_

Are you a member of the NYS and Local Employees' Retirement System? ( ) Yes ( ) No

If yes, please indicate retirement number: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? ( ) Yes ( ) No

If yes, please explain. A conviction will not necessarily be a bar to employment. \_\_\_\_\_

\_\_\_\_\_

**1. Available to work on the following basis:**

Substitute \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_

**2. Class of Driver's License:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Motorist Identification Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

**3. How many years have you been driving?** \_\_\_\_\_

Have you ever had an accident while driving the past 5 years which resulted in injuries to yourself or others? ( ) Yes ( ) No If yes, describe extent of accident or accidents: \_\_\_\_\_

\_\_\_\_\_

**4. Have you been convicted of a moving traffic violation (reckless driving, etc.) during the past 3 years? ( ) Yes ( ) No If yes, explain:** \_\_\_\_\_

\_\_\_\_\_

**Charge** \_\_\_\_\_ **Date** \_\_\_\_\_

5. **Active driving experience:** \_\_\_\_\_ **Years**  
**Passenger bus/heavy truck:** \_\_\_\_\_ **Years**  
**Light truck or station wagon:** \_\_\_\_\_ **Years**

6. **Educational Background:**

	Name and Address of School	Course of Study	No. of Years Completed	Graduated (check one)
<b>High School</b>			1 2 3 4	Yes No
<b>College</b>			1 2 3 4	Yes No
<b>Graduate/ Professional</b>				Yes No
<b>Other (Specify)</b>				Yes No

Have you ever attended a Bus Driver training course or other such courses? ( ) Yes ( ) No

If yes, give date, place and duration of each kind of course: \_\_\_\_\_

7. **Employment Record:** Please list your current employer, and two previous employers including the past three years, dates worked and address with telephone numbers.

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

8. **References:** Please list and attach three references (Note: Persons named cannot be relatives)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*South Colonie does not discriminate on the basis of gender, race, color, national origin, handicap or age. Inquiries concerning this policy of equal opportunity should be made to the Title IX and Section 504 Coordinator, Dr. David J. Perry at the District Office, 102 Loralee Drive, Albany, NY 12205 (518) 869-3576. The selected applicant will be subject to a fingerprinting supported criminal history background check in accordance with SAVE Legislation effective July 1, 2001. A fee of 102.00 is required for fingerprinting and after working for 30 days, will be reimbursed at 80%.*

**RELEASE AUTHORIZING CHECK OF APPLICANTS CREDENTIALS AND REFERENCES**

I, \_\_\_\_\_, have applied for employment with South Colonie Central School (hereinafter referred to as "School District) to work as \_\_\_\_\_ (job title). I understand that in order for the School District to determine my eligibility, qualifications and suitability for employment, the School District will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution have attended about my education, training experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution.

I waive \_\_\_\_\_ /do not waive \_\_\_\_\_ (initial only one) my right to see any written reference or other information provided by any employer or educational institution.

I agree not to assert any claims or causes of action of any kind against the School District, its agents, its employees, or any individual contacted by the School District, arising out of the School District's investigation. I further release and forever discharge the School District, its agents, its employees, and the individuals, employers or educational institutions contacted by the School District as part of its investigation, from any and all claims, demands, damages, actions causes of action, or suits of any kind or nature whatsoever arising from the School District's investigation of my credentials and references. I acknowledge that the School District has made no representations of any kind as to whether employment will be offered at the conclusion of the investigation.

A photocopy or facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness