

**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** \_\_\_\_\_ **Daytime 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 five 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 three years? ( ) Yes ( ) No**

If yes, explain: \_\_\_\_\_

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

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)
High School			1 2 3 4	Yes No
College			1 2 3 4	Yes No
Graduate/ Professional				Yes No
Other (Specify)				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, Mr. David D. Seaver 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.*

**SOUTH COLONIE CENTRAL SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT  
2 WINSTON PLACE  
ALBANY, NEW YORK 12205  
PHONE: 518-869-8527**

**CHARACTER REFERENCE**

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Address

Is being considered for employment as a school bus driver for the South Colonie Central Schools. Your name has been given as a reference. Your cooperation in providing the information requested below will be greatly appreciated. Information will be kept confidential. Please return this form to our address, shown below, to the attention of: Peter Tunny, Director of Transportation.

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(CIRCLE ONE)

In your estimation is this person:

- |    |              |     |    |
|----|--------------|-----|----|
| 1. | Cooperative? | Yes | No |
| 2. | Honest?      | Yes | No |
| 3. | Friendly?    | Yes | No |

Do you believe this person to be of good moral character? Yes No

To the best of your knowledge, does this person use intoxicating beverages to an excess? Yes No

To the best of your knowledge, does this person use habit-forming drugs or narcotics? Yes No

Would you be willing to entrust your children in a vehicle operated by this person? Yes No

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Please give a brief summary or any other comments relative to the character and/or reliability of this person.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE (daytime): \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_ NUMBER OF YEARS \_\_\_\_\_

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CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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RELATIONSHIP TO APPLICANT \_\_\_\_\_ NUMBER OF YEARS \_\_\_\_\_