

OWEGO APALACHIN CENTRAL SCHOOL DISTRICT
36 Talcott Street
Owego, NY 13827

APPLICATION FOR POSITION OF REGULAR OR SUBSTITUTE DRIVER

Name _____ Sex _____

Social Security No. _____

Present Address _____

Last Address _____

1. Class of Drivers License _____ Expiration Date of such license _____
Motorist Identification No. _____
State of Issuance _____

2. How many years have you driven? _____. Have you had an accident
While driving in the past five years which resulted in injuries to yourself or
others? ____ (yes) ____ (no).

If yes, describe the extent of the
accident(s). _____

3. Have you been convicted of moving violations (reckless driving, speeding, etc) or of any
criminal act during the past three years? (yes) ____ (no) _____.

If yes, provide:

Date	Charge	Court and Location
_____	_____	_____
_____	_____	_____

4. Active driving experience _____ (years)
_____ (years) _____ (years)
Passenger bus or heavy truck Light truck or station wagon

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

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

7. have you ever had any periods of convulsions or periods of
unconsciousness? _____

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

9. List employment, in consecutive order, for the past three years.

*10. Have you ever attended a Bus Driver Training Course? _____(yes)

_____ (no).

Other courses _____(yes) _____(no). If yes, give date and duration
Of each course.

Did you receive a certificate? _____(yes) _____(no)

*11. Please attach to this application form at least three (3) statements from three
Three different persons who are not related to you either by blood or
marriage pertaining to your moral character and reliability.

To the best of my knowledge and belief the answers to the above questions are true.

Date _____ Signature of Applicant _____

I, the undersigned, authorize the Owego Apalachin Central School District to conduct a back
round check regarding my driving record and drug record in all employment in the last three years.

Date _____ Signature of Applicant _____

*I have reviewed the above application, the three character statements and the report of the
physician pertaining to the above named applicant for the position of bus driver for the year
20____-20____.

For School District No.

Town of _____ County of _____

I hereby approve his/her employment.

Date

Supervisor of the Carrier or Chief School Officer

If you knowingly make a false statement in this application, you commit a misdemeanor.

*** Denotes Education Department Requirements.**