

(FOR PERSONNEL OFFICE USE ONLY)

NAME: _____ **DATE:** _____

POSITION: _____

OWEGO APALACHIN CENTRAL SCHOOL DISTRICT

36 Talcott Street
Owego, New York 13827

TRANSPORTATION DEPT./BUS DRIVER APPLICATION

Position(s) Desired _____ Date _____

PERSONAL INFORMATION

Name _____
(first) (initial) (last)

Present Address _____

(city) (state) (zip)

Phone #1 _____ Phone #2 _____

Have you been previously employed by the Owego Apalachin Central School District? _____

If yes, what year(s)? _____

EDUCATION

	Name & Address	Graduated	Course
High School	_____	Yes ___ No ___	_____
College	_____	Yes ___ No ___	_____
Business or Trade	_____	Yes ___ No ___	_____

High School Equivalency Diploma? Yes _____ No _____

EMPLOYMENT HISTORY (Begin with last or present employer)

Dates From/To	Name & Address of Employer	Salary	Supervisor	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DRIVING EXPERIENCE AND HISTORY

Class of Driver License: _____

Expiration Date: _____

Motorist Identification Number: _____

State of Issuance: _____

How many years have you been driving? _____

Have you had an accident while driving in the past five (5) years which resulted in injuries to yourself or others? _____

If yes, describe the accident(s):

Have you ever been convicted, pled guilty to, or no-lo contendere, of moving violations (reckless driving, speeding, etc.) during the past three (3) years? _____

Have you ever been convicted of a criminal offense other than a minor traffic violation? _____

Is there a criminal charge of any type currently pending against you? _____

If yes to any of the above, provide:

Date

Charge

Court and Location

Active driving experience _____ years.

_____ years.

(Passenger bus or heavy truck)

_____ years.

(Light truck or station wagon)

Are you at least 21 years of age or older? _____

Have you attended a Bus Driving Training Course? _____

Other such courses? _____

If yes, give date, place and duration of each kind of course.

Did you receive a certificate? _____

References: Give below the names of four persons not related to you, including persons under whom you have worked, or who have first-hand knowledge of your character, personality, work habits, and general ability and who may be contacted as references.

Name	Address	Business	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby authorize the release of information regarding past employment and personal references to the Owego Apalachin Central School District.

Date _____ Signed _____

COMMENTS BY APPLICANT: You may use this space to provide additional information relative to your application for this position.

I hereby certify that the information presented on this form is true, accurate and complete. Any falsification will be sufficient cause for disqualification or dismissal. References and personal information which become part of this record are to be regarded as confidential and will not be revealed to me.

Date _____ Signed _____

Our volume of applications does not permit acknowledging their receipt. Should we have a vacancy which suits your qualifications, we may call you for an interview.

The Owego Apalachin Central School District does not discriminate in employment or in the education programs and activities which it operates on the basis of sex, sexual orientation, race, ethnicity, religion, age, or disability in violation of Title IX of the Education Amendments of 1972, title VII of the Civil Rights Act of 1964, 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act or the New York State Human Rights Law.