

APPLICATION FOR POSITION OF REGULAR OR SUBSTITUTE DRIVER

**BROADALBIN-PERTH CENTRAL SCHOOL DISTRICT
20 PINE STREET
BROADALBIN, NEW YORK 12025**

NAME _____ S.S. NO. _____

ADDRESS _____ PHONE _____

PREVIOUS ADDRESS _____

1. Class of driver's license _____ Expiration Date _____

Motorist Identification No. _____

State of Insurance _____

2. How many years have you driven? _____ Have you ever had an accident while driving the past five (5) years which resulted in injuries to yourself or others? _____ YES _____ NO

DETAILS: _____

3. Have you ever been convicted of moving traffic violations (reckless driving, etc.) or of any criminal act during the past five (5) years? _____ YES _____ NO If YES, give:

DATE	CHARGE	COURT & LOCATION
------	--------	------------------

4. Active driving experience: _____ YEARS

Passenger bus or heavy truck: _____ YEARS

Company & address: _____

5. Are you presently employed? _____ YES _____ NO If YES, where?

6. List employment, in consecutive order, for the past ten (10) years.

7. Have you ever attended a Bus Driver Training Course. _____ YES _____ NO
If YES, give date, place and duration of each kind of course.

8. Attach with this application three (3) letters of reference commenting on your moral character, reliability and ability to do the job. These letters should not be from relatives.

TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ANSWERS TO THE ABOVE QUESTIONS ARE TRUE.

Date Signature of Applicant

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

CERTIFICATION

I have reviewed the above application, the three references, and the report of the physician pertaining to the above applicant. I hereby recommend that the applicant be appointed to the position of _____

Date Superintendent or Designee

Please complete the above and forward to:

Georgia Baldwin, District Clerk
Broadalbin-Perth Central School District
20 Pine Street
Broadalbin, New York 12025