

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, provide:

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

Date _____ **Signature of Applicant** _____

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