

**Union-Endicott Central School District
Personnel Office**

Approval for Employment – School Bus Drivers

Chapter II - Commissioner's Regulations: 156.13

Requirements:

Age:	21 years old
Physical Fitness:	Determined by school physician according to regulations
Required Licenses:	Appropriate operator or chauffer's license
Character:	Good morals and reliability
Note:	Each application must have attached three statements from persons to whom you are not related either by blood or marriage which can attest to moral character and reliability of the applicant.

**THE ABOVE MUST BE SATISFIED BEFORE THE BROOME COUNTY
DEPARTMENT OF PERSONNEL WILL APPROVE EMPLOYMENT.**

Union-Endicott Central School District
Transportation Department

Dist. No. _____ Town _____
Name of Carrier or Dist. _____

Application for Position of Bus Driver

Name _____ Date of Birth _____

Soc. Sec. No. _____ Sex _____

Present Address _____

Phone Number _____ Cell Phone _____

Last Previous Address _____

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

Motorist Identification No. _____

State of Issuance _____

2. How many years have you driven? _____ Have you ever had an accident while driving during the last five years? _____yes _____no

Injuries to yourself or others? _____yes _____no

If yes, describe the extent of the accident _____

3. Have you ever been convicted of moving traffic violations (reckless driving, speeding, etc.) or of any criminal act during the past three years? _____yes _____no

If yes, give the following information:

Date

Charge

Court & Location

4. Active driving experience _____ years

Passenger bus or heavy truck _____ years

Light truck or station wagon _____ years

5. Do you use intoxicants? _____ frequently _____ seldom _____ never

6. Do you use drugs? _____ frequently _____ seldom _____ never

7. Have you ever had any convulsions or periods of unconsciousness? _____yes _____no

8. Are you presently employed? _____yes _____no

If yes, where? _____

9. List employment and position held in consecutive order for the past three years:

10. Have you ever attended a formal Bus Driver Training Course? _____yes _____no

Other courses? _____yes _____no If yes, give dates, place and duration of each course. _____

Did you receive a certificate? _____yes _____no

11. Attach to this application at least three (3) statements from three persons to whom you are not related to either by blood or marriage that can attest to your moral character and reliability.

I certify that the answers to the above statements are to the best of my knowledge and beliefs are true.

Date

Signature

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

School District No. _____

Town of _____

County of _____

I hereby approve his/her employment

Date

Supervisor/Chief School Officer

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

NOTE: Please submit this reference sheet, your application and letter of interest for the position you are applying.

Application Reference Insert

1. Name of Reference: _____

Title/Relationship of Reference: _____

Supervised: yes no

Length of time known to applicant: _____

Telephone Number: _____

2. Name of Reference: _____

Title/Relationship of Reference: _____

Supervised: yes no

Length of time known to applicant: _____

Telephone Number: _____

3. Name of Reference: _____

Title/Relationship of Reference: _____

Supervised: yes no

Length of time known to applicant: _____

Telephone Number: _____

BROOME COUNTY GOVERNMENT EMPLOYMENT APPLICATION



Department of Personnel

Broome County Office Building, 3rd Floor
 60 Hawley Street, PO Box 1766, Binghamton, NY 13902
 www.gobroomecounty.com/personnel

DO NOT WRITE IN THIS SPACE

1. _____ Full - Time Part - Time
Title of Position Applying For Temporary Summer

No persons shall be denied equal protection of the laws of this County, State, Nation or any subdivision thereof. No person shall, because of race, color, creed, religion, age, sex, national origin or sponsor, be subjected to any discrimination in his civil rights by any person, department or any institutional, agency or subdivision of Broome County. The NYS Human Rights Law prohibits discrimination because of age. Broome County Government does not discriminate on the basis of physical or mental disability and will make reasonable accommodations for individuals with disabilities during application, examination, interviewing and employment.

BROOME COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

A clear understanding of your background and work history will aid us in placing you in a position that best meets your qualifications.

DIRECTIONS: Please print using black ink or type. Answer all questions. Write "No" or "None" where applicable.

2. **NAME** _____ 3. **SOC. SEC. NUMBER** _____
 Last First Middle

4. **LEGAL ADDRESS** _____
 Street County
 City State Zip

5. **MAILING ADDRESS** _____
 (If different from above) Street City State / Zip

6. **EMAIL** _____ 7. **CELL** (____) _____

8. **HOME PHONE** (____) _____ 9. **WORK PHONE** (____) _____

(Please notify immediately of any changes.)

10. **EDUCATION:** Circle last grade completed - 6 7 8 9 10 11 12 13 14 15 16 17 18

	Name and School Location	Graduated? Yes or No	Type of Degrees	No. of credits completed
High School last attended				
Colleges or Universities				
Other				

FOR DEPARTMENT USE ONLY

Approved Disapproved Reviewer's Initials _____

Comments: _____

11. EMPLOYMENT EXPERIENCE - List all permanent employment since high school. List any summer, part-time, temporary employment, which includes experience that may qualify you for the position sought. If additional space is required, use supplemental sheets. Start with your most recent or current position.

A.

Company Name _____

Type of Business _____

Address _____

Your Position Title _____

Supervisor's Name _____

and Title _____

Employed From (date) _____ To (date) _____

Was the position Paid or Volunteer? Hours/Week _____

Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

B.

Company Name _____

Type of Business _____

Address _____

Your Position Title _____

Supervisor's Name _____

and Title _____

Employed From (date) _____ To (date) _____

Was the position Paid or Volunteer? Hours/Week _____

Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

C.

Company Name _____

Type of Business _____

Address _____

Your Position Title _____

Supervisor's Name _____

and Title _____

Employed From (date) _____ To (date) _____

Was the position Paid or Volunteer? Hours/Week _____

Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

D.

Company Name _____

Type of Business _____

Address _____

Your Position Title _____

Supervisor's Name _____

and Title _____

Employed From (date) _____ To (date) _____

Was the position Paid or Volunteer? Hours/Week _____

Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____
