

Randolph Central School – Bus Driver Application

Please complete the application and mail or delivery to:

Randolph Central School
District Clerk
18 Main St.
Randolph, NY 14772

APPLICATION FOR POSITION OF
REGULAR OR SUBSTITUTE BUS DRIVER

Name _____ Social Security Number _____

Present Address _____

Last Previous Address _____

Phone Number(s) Home: _____ Cell: _____ Sex: M F

1. Class of driver's license _____ Expiration date of such license _____

Motorist Identification No. _____

State of Issuance _____

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

If yes, describe extent of accident (s) _____

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

If yes, give:

DATE

CHARGE

COURT AND LOCATION

4. Active driving experience _____ years Light truck / Suburban _____ years

Passenger bus or heavy truck _____ years

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

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

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

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

9. Have you ever served in the U.S. Armed Forces? _____ Branch: _____

10. Are you legally authorized to work in the U.S.? _____

11. Have you ever been convicted of a crime? _____ Are any criminal charges or proceedings pending against you? _____ If yes, provide the details including dates, places and description: _____

12. Can you meet the job description requirements for the position for which you are applying with or without reasonable accommodation? _____ Yes _____ No

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

Dates	Company	Position	Supervisor's Name/Telephone #
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14. Have you ever attended a Bus Driver Training Course? _____ Yes _____ No

Other such courses _____ Yes _____ No If yes, give date, place and duration of each kind of course

Did you receive a certificate? _____ Yes _____ No

15. Be sure you have received three (3) reference forms along with this application. Give one form to each of your references to complete. All three (3) reference forms must be returned with your application in order for your application to be considered.

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

Date

Signature of Applicant

.....
*I have reviewed the above application, the three reference forms 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 or Chief School Officer

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

The Randolph CSD advises students, parents, employees and the general public that it offers equal employment and educational opportunities, including vocational education opportunities, without regard to gender, race, creed, religion, sexual orientation, military status, color, national origin, veteran status, disability, predisposing genetic characteristics, use of recognized guide dog, hearing dog or service dog, domestic violence victim status, marital status, ancestry, or age. Mr. Charles Shevlin, School Business Executive is the Title IX Officer, Mrs. Kourtney Almeida, Director of Pupil Services, is the Title IX and Section 504 Compliance Officer, Randolph Central School, 18 Main St., Randolph, NY 14772, 716/358-6161.

*denotes Education Department requirements.



ARTICLE 19-A BUS DRIVER APPLICATION

(Complete all parts of this form. Please print or type. Send original to Bus Driver Unit, keep a copy in your driver 19-A file.)

DRIVER INFORMATION
Driver's Last Name, First, M.I., Date of Birth, Social Security Number, Male/Female, Street Address, City, State, Zip Code, County, Telephone Number, Client/License ID Number, State, Class of Driver's License, Endorsements, Restrictions, Expiration Date

CARRIER INFORMATION
Carrier/DBA Name, Legal Name, Federal ID Number, 19-A Business ID Number, Street Address, City, State, Zip Code, County, Telephone Number, Name of Article 19-A Contact Person, Title, Is this employer/cARRIER a school bus carrier?

ADDITIONAL DRIVER INFORMATION
Provide your employment, accident, and conviction history and answer the questions below.
1. Have you qualified as a school bus driver under ARTICLE 19-A?
2. Are you a certified ARTICLE 19-A examiner?

EMPLOYMENT table with columns: Employer Name and Address, What were the date(s) of your employment? (From - To), Your job title

ACCIDENTS table with columns: Date of Accident, Location, Was there personal injury or property damage?, What type of vehicle were you driving?

CONVICTIONS table with columns: Date of Violation, Location, Date of Conviction, Of what charge were you convicted?, If a vehicle was involved, what type of vehicle were you driving?

DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true.
Signature of Driver, Date

EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination... Final approval of employment is subject to the applicant meeting the requirements of Article 19-A...

Signature of Employer/Agent, Date



APPLICANT CONSENT TO INVESTIGATE AND DISCLOSE DATA

I, _____ (print name), hereby grant permission to the Randolph Central School District, to contact and investigate my former and current employers, and all other pertinent parties, including but not limited to educational institutions where I enrolled, to fully investigate my background.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal conviction, driving record, previous employers and educational institutions, personal references, professional information, and without limitations hereby releases the school district and the reference source from any liability with its release or use.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when discovered, may result in the refusal of employment, or if I have already been employed, constitute cause for my immediate termination. References and personal information which became part of this record are to be regarded as confidential and will not be revealed to me.

I hereby indemnify, release and forever discharge and hold the Randolph Central School District and its officers, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

If requested by the District in connection with its application, I will take a physical examination. I agree that the examining authority may disclose the findings of these examinations to the District and that my initial employment is conditioned upon meeting the requirements of that examination as established by the District.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.

In the event that I am employed, I agree to conform to the district rules and regulations.

Pursuant to New York State Law, I agree to sign any additional forms of consent and/or to undergo any additional procedures required by either the District, NYSED, DOT, NYS DCJS or the FBI to effectuate a criminal record background check. If I have not already been fingerprinted through NYSED/DOT, I will make an appointment to have my fingerprints electronically scanned. Appointments can be made online at www.identogo.com or by calling 1-877-472-6915. Drivers must take form DS-600, Request for NYS Fingerprinting Services – Information Form, to the fingerprinting appointment. The form can be found on the DMV website at <http://nysdmv.com/art19.htm>. I may be required to pay the processing fee of approximately \$111.00. Payment can be made online or at the fingerprinting appointment/location.

This employment application will be valid for twelve (12) months from the date that it is completed.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE: _____

**Randolph Central School
Randolph, NY 14772**

Reference Form – Classified School Employee

Name of Applicant: _____

The above named person has applied for a position as _____ with the **Randolph Central School District**. It is understood that you may have knowledge of the character, qualifications, and fitness of the person named above for this position. We request that you complete this form, answering all of the questions below and on the reverse side as fully and specifically as possible. The information you furnish will be held strictly confidential. Thank you for completing this form immediately upon its receipt and please return it at once.

1. Approximately how long have you known this applicant? _____

2. Have you ever worked with the applicant? _____ Yes _____ No

a. If yes, give company name and address: _____

b. Date: From _____ To _____

c. What was his/her job during that period? _____

3. Please check the qualifying term which most nearly expresses your opinion with respect to the applicant's character and reputation:

_____ Outstanding _____ Good _____ Satisfactory _____ Poor

4. Would you employ him/her as a _____ Yes _____ No

5. Are you related to the applicant? _____ Yes _____ No

If yes, state relationship _____

6. To your knowledge has he/she ever been discharged or has he/she resigned from any employment after being told his/her conduct or work was not satisfactory?

_____ Yes _____ No

If yes, please give:

a. Name and address of employer: _____

b. Reason for discharge or resignation: _____

7. Do you know of any physical impairment of the applicant which would interfere with performance of his/her duties as a _____?

_____ Yes _____ No

If yes, please describe: _____

8. Do you know of any arrests or convictions of the applicant?

_____ Yes _____ No

If yes, please describe: _____

9. How would you characterize the applicant's response to other people?

(Check as many items as necessary.)

_____ Likeable _____ Friendly _____ Hard to get to know
_____ Easy going _____ Serious _____ Easily annoyed
_____ Inclined to argue

10. How does the applicant react to children? (Check as many items as necessary.)

_____ Easy going _____ Firm but fair _____ Easily annoyed _____ Do not know
_____ Friendly _____ Would command respect _____ Difficult to control temper

11. Would you like to have your children attend a school at which the applicant worked? ___ Yes ___ No

12. Which of the following best describes the applicant's attitude toward work?

_____ Has a tendency to try to avoid work.
_____ Generally does just enough to get by.
_____ Occasionally shows some initiative toward work.
_____ Generally enjoys working, wants to be productive.
_____ Do not know.

13. How would you characterize the applicant's ability to work cooperatively in a group?

_____ He/She usually works best alone.
_____ He/She has problems working with others.
_____ He/She can work either alone or in a group without problems.
_____ He/She works best in a group situation.
_____ Do not know.

14. Do you know of any reason that the applicant would not be a suitable person to serve as a

_____? _____ Yes _____ No

If yes, explain: _____

15. Remarks: (Give any additional information which may assist us in determining the suitability of this person for the position of _____.)

I hereby certify that I have known the applicant whose name appears on the form, and that the answers to the above questions with respect to him/her are true to the best of my knowledge and belief.

Signature

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Telephone Number

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