

SCHOOL BUS DRIVER APPLICATION

PERSONAL HISTORY				
Name			Date	
	Last	First	Middle	
Present Address	Address		City, State	ZIP
Previous Address	(if you have lived outside of S.C.in the past 10 years) YES Address	e past 10 years) YESNO	City, State	ZIP
Telephone Number		Email Address	Social Security Number	umber
Are you a U.S. citizen? Birthdate	Yes No If no, do you have a resident visa?	ave a resident visa?	Driver's License Number	License State
Predominant Ethnic Background Have you been convicted of a fel	Predominant Ethnic Background African-American Have you been convicted of a felony or misdemeanor?	Asian American Indian	☐ White ☐ Other ☐ Yes ☐ If yes, explain.	For statistical information only
Do you foresee any persor Present Position	Do you foresee any personal responsibility which would interfere with your attendance? Present Position Salary	fere with your attendance? No Salary	Yes If yes, explain	
Have you ever been emplo	Have you ever been employed with the School District of Pickens County?	kens County?	What year(s)?	
PLEASE CHECK EDUCA	PLEASE CHECK EDUCATIONAL LEVEL COMPLETED Elementary	Degree	Technical Training	Other
OCCUPATIONAL EXPE	UENCES (FOR THE PAST 10 Y	OCCUPATIONAL EXPERIENCES (FOR THE PAST 10 YEARS) HAVE YOU EVER WORKED OUTSI	DE THE STATE OF S	IC? YES NO Date(s) of employment
REFERENCES (DO NOT LIST RELATIVES) Name	LIST RELATIVES) Complete Address	Address Phone Number		Present Official Position
Signature of Applicant The School District of Pickens Cou	nty operates without discrimination on the	Signature of Applicant Printed Name of Applicant Printed Name of Applicant The School District of Pickens County operates without discrimination on the basis of sex religion national printing age or disability in compliance with Title VI. Titl	Printed Name of Applicant Printed Name of Applicant Printed Name of Applicant Printed Name of Applicant	otion 504 and all other applicable stull take
THE OCHOOL DISTRICT OF LICENSIS CON	וונץ טטכומנפט שונוזטענ עוסטוווווווומנוטוו טוו נוופ	basis of sex, religion, flational origin, age, of disable	IIITY IN COMPIIANCE WITH ITTE VI. ITTE VII. ITTE IX. SE	iction 504 and all other applicable civil rights

legislation. State law requires the district to request a criminal record history check for past action of crimes. For this reason, information about date, birth, sex, and race is requested as part of the application process. State (Sure

Revised August 2011

S-4A (Revised Nov. 2011)

SIGNATURE OF SCHOOL OFFICIAL

DRIVER INFORMATION AND EVALUATION FORM

(SCDE RECOMMENDS THAT INFORMATION GENERATED BY COMPLETING THIS FORM BE RETAINED BY EMPLOYING SCHOOL DISTRICT AS PART OF THE DISTRICT'S APPLICATION FILE AND PERMANENT DRIVER FILE)

TO BE COMPLETED BY PROSPECTIVE SCHOOL BUS DRIVERS AND ALL CURRENT SCHOOL BUS DRIVERS APPLYING FOR LICENSE RENEWAL

CHECK ONE: PROSPECTIVE DRIVER	RENEWAL DRIVER	
Registrant's Name	License No	State
School District Name		
Registrant may be REFUSED admission into the school bus driver training DENTED if the registrant or driver answers yes to any of the following q	ng program or a current school bus driv uestions:	ver⁺s driving privileges
Prospective and Renewal Drivers:		
Have you ever been convicted of a sex offense or crimes of violence. Have you ever been convicted of a crime involving violence, threat provide date of conviction)	of violence, or theft? Yes No _	(If yes, please
provide date of conviction) 3. Have you ever been convicted of a crime involving activity in drugs	or alcoholic beverages? Yes N	vo (If yes,
please provide date of conviction Within the past three years, have you been convicted of any violatio intoxicants, reckless driving, fleeing or attempting to elude a law en	forcement officer, or failure to perform	under the influence of legal duties of a driver
involved in an accident or collision that resulted in injury or death of Have you ever been convicted of operating a vehicle in the commiss	any person? Yes No	
endangerment? Yes No No Within the past three years, has your driver's license been suspended	by the Division of Motor Vehicles of	any state for a cause
involving the unsafe operation of a motor vehicle? Yes No No Have you ever had your driving privileges revoked or suspended as	habitual offender? Yes No	
7. Have you ever had your driving privileges revoked of suspended as 8. Number of points on your driving record at present: ("0" if	you have a MVR free of violations.)	
9. Have you ever been dismissed from a school bus driver position? Y	es No	
Prospective Drivers Only:		
10. As a valid licensed driver do you have less than one year's vehicula	driving experience? Yes No	
11. Have you ever been employed as a school bus driver? Yes	10 If yes where and when	
I certify that the information provided is correct and true to consent to release my driving record information. I understannot being considered for employment or, if I am employed, sacknowledge that I will be required to pass a physical perform illegal drugs, and will be subject to a criminal background chemical drugs.	d that supplying false information in the considered sufficient cause ance test, to submit to and pass a	use for dismissal. I
SIGNATURE OF REGISTRANT/DRIVER	DATE	
I CERTIFY THAT I HAVE CAREFULLY EVALUATED THE QUALIFIC RECOMMEND THE FOLLOWING ACTION:	ATIONS OF THIS REGISTRANT/DRI	VER AND
Applicant/driver be admitted into the South Carolina school bus any of the above questions, please use reverse side to provide just	driver training program. If applicant/di tification for employment	river answered yes to
Registrant/driver be rejected for admission into the South Carol	ina school bus driver training program	•
REASON FOR REJECTION:	driving record	
Criminal background His	tory of drug/alcohol abuse	
Conviction of a sex offense and/or crimes of violence involving for	ce on minors	
Other Explain:		

DATE

S-4B (Revised Nov. 2011)

SOUTH CAROLINA DEPARTMENT OF EDUCATION SCHOOL BUS DRIVER TRAINING AND ADMISSION RECORD

(This form MUST accompany registrant/driver to class and be submitted to the instructor upon arrival.)

Registrant/driver MUST bring valid driver's license to class

This section to be completed of	me region and are or				()
Name: Last Name	Suffi	it F	irst Name	Middle Name	Phone #
Last Name	Jum	· ·	ii st i vaine	(VIII are / Varie	
Address:				County of Re	sidence:
Street	City	Stat	e Zip	-	
		S	ex: M F	Race: Amer. In	d., Asian, Blk., Cau., Hisp.
PO Box City	State	Zip		_	, , , , , , , , , , , , , , , , , , , ,
					,
Date of Birth	Driver's License I	info: /	Division (income	/ / Pagtriotic	ons Endorsements Expiration Date
				Tidas Resultan	113 Endorsements Empirement 2
Do you possess a cu	rrent CDL permit? plete the following:	YES NO (Circle One)	1	/
IF YES, prease com	piete the following.	State Class	Restrictions	Endorsements	Expiration Date
		w. a au d a caus	ata Lundausti		
I certify that all informati result in my being disqual	on recorded above is it lified from the school b	rue ana accure hus driver trait	ate, i unaersta nino prooram	ina inai any misrepre	sentation or omission of facts n
result in my being aisquai	ijieu jioni ine senooi o	ing wither truth	ing program		
					/////////
Registrant/Driver 1	vame (please print)		Registrant/	Driver Signature	Month Day Yes
This section to be completed by	the transportation supervise)r.)			
•					
School District Info: _				Driver's School:	
	Name of School District	. Co	o./Dist. Code		
instruction by a SDE cer In-Service Cla Module(s):	ssroom Training	See chart bel		ine the module code	
				ite of fishaction	TIBLE RESERVE TO THE
Module(s): Code(s)	Location:		Date:	Instruc	ctor:
Code(s)	Location	n of Instruction	Da	te of Instruction	Instructor's Name
nı 1 - V han	ida tha nyimawa	ogition that	annliaant h	os/will have with	school district:
Please mark an X bes	verSubstitut	te Driver	Teach	er/Coach	Field Trip Volunteer
Regular Roule Dif	Vei	ic Dilver			
Please mark an X bes	ide the type of cer	tificate to b	e obtained:		
Type A (SDE B	Bus - Commercial)		Type I	B (Non-Comm	nercial Public School)
Type B (Distric	et Activity Bus - Com	nmercial)	Type	C (Non-Comm	nercial Private School)
Type C (Private	e School Bus - Comm	nercial)			
_				the state of the	for the bine of
The above named person i instruction indicated. The	s hereby recommended	1 for admission	n into the schi	001 bus ariver trainin	g program for the type of ne valid
instruction indicated. The	name, signature una a	iate requesteu	velow is requi	area jor mas jorm to o	
School District Transportation	Supervisor (please print)	School Dis	trict Transporta	tion Supervisor Signature	Date
					Code Description
Code Description I Module 1. Driver Respon	<u>Code</u> nsibilities 6	<u>Description</u> Module 6. Th	ne People Factor		Code Description BE-1 Bus Evacuation
2 Module 2. Basic Operation	ons 7	Transporting	Students w Speci	al Needs. Regular Drivers	
3 Module 3. The Air Brake	System UP	Universal Pro First Aid			
4 Module 4. School Bus Dr 5 Module 5. Academis Other	er Emergencies SN		Students w Speci	al Needs, Special Needs D	rivers