



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.
(Electronic carriers must keep original and 19-A receipt in driver file.)

DRIVER INFORMATION

Driver's Last Name	First	M.I.	Date of Birth (Month/Day/Year)	Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	City	State	Zip Code	County	Telephone Number
License ID Number (from Driver License)	State	Class of Driver's License	Endorsements	Restrictions	Expiration Date

CARRIER INFORMATION

Carrier/DBA Name	Legal Name (if different)	Federal ID Number	19-A Business ID Number		
Lowville Central School		156002266	19983		
Street Address	City	State	Zip Code	County	Telephone Number
7668 N. State Street	Lowville	NY	13367	Lewis	315-376-7212
Name of Article 19-A Contact Person	Title	Will this driver be a school bus driver per section 6.2(b) of the regulations of the Commissioner of Motor Vehicles? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Amy Green	Supervisor				

Driver must complete the following sections.
If nothing to report, enter "Not Applicable" in the following sections. Do not leave any blanks.

EMPLOYMENT (Start with your most recent employment, and include work history for the past 3 years):

Employer Name and Address	What were the date(s) of your employment? (From - To)	Your job title

ACCIDENTS (Start with your most recent accident, and include accidents within the past 3 years):

Date of Accident	Location (City, State, Zip Code, County)	Was there personal injury or property damage? If "YES", indicate the dollar amount of damage to each vehicle, and the number of people injured.	What type of vehicle were you driving?

CONVICTIONS (Start with your most recent conviction, and include all criminal convictions):

Date of Violation	Location (City, State, Zip Code, County)	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 X _____ Date _____

EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination (form DS-874 or USDOT form 649-F or equivalent) and the applicant is hereby classified as a "conditional driver" as defined in Section 6.2(r) and in accordance with the requirements of Sections 6.3 and 6.4 of the regulations of the Commissioner of Motor Vehicles. Final approval of employment is subject to the applicant meeting the requirements of Article 19-A of the New York State Vehicle and Traffic Law. All questions pertaining to this form and/or the Article 19-A Program should be directed to the Bus Driver Unit. By mail: New York State Department of Motor Vehicles, Bus Driver Unit, 6 Empire State Plaza, Rm 331, Albany NY 12228; by phone: (518) 473-9455; by email: busdriverunit@dmv.ny.gov.

Signature of Employer/Agent X _____ Date _____



Lowville Central school
7668 North State Street
Lowville, NY 13367

Recommendation for Bus Driver

I do not hesitate to recommend _____ for the
job of regular or substitute school bus driver. I know him/her to be very reliable
and a person of high moral character.

Name: _____ Signed: _____

Recommendation for Bus Driver

I do not hesitate to recommend _____ for the
job of regular or substitute school bus driver. I know him/her to be very reliable
and a person of high moral character.

Name: _____ Signed: _____

Recommendation for Bus Driver

I do not hesitate to recommend _____ for the
job of regular or substitute school bus driver. I know him/her to be very reliable
and a person of high moral character.

Name: _____ Signed: _____

LOWVILLE ACADEMY AND CENTRAL SCHOOL

7668 NORTH STATE STREET

LOWVILLE, NY 13367

(315) 376-9001

SUPPORT STAFF EMPLOYMENT APPLICATION

All parts of this application must be completed, all questions answered, and the application must be signed to be considered for employment by the Lowville Academy and Central School District.

POSITION APPLYING FOR: _____ **DATE:** _____

Name: _____

Former Name(s) _____ (For purposes of verifying work and education records)

Address: _____ City/State/Zip _____

Phone # _____ Social Security # _____

Current Position and Place of Employment _____

Are You Legally Eligible For Employment In This Country? _____ Yes _____ No

CIVIL SERVICE STATUS: Are you currently on an active Civil Service List? _____ Yes _____ No

If yes, which list? _____

MILITARY EXPERIENCE: Branch of Service _____ Rank/Specialty _____

Dates of Service From _____ To _____

Discharge Classification _____

EMPLOYMENT HISTORY (Begin with most recent position)

Name of Employer/Location	Position Held	Dates of Employment	Supervisor	Reason for Leaving

EDUCATION/SPECIALIZED TRAINING

School Name	Location	Course of Study	Diploma/Degree or Grade Completed

High School: _____

EMPLOYER & PERSONAL REFERENCES (We will contact)

Name	Address	Phone	Known for How Long?

ADDITIONAL INFORMATION

Indicate any specific skills, interests, hobbies or awards and activities relevant to the position for which you have applied: _____

Are you a member of a New York State Retirement System? _____ Yes _____ No

If yes, what system? _____ Membership Number: _____

Have you ever been convicted of a violation of law? (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment): _____ Yes _____ No

If yes, please explain: _____

Have you ever been found guilty of charges and reprimanded, suspended, fined, demoted or discharged under Section 75 of the New York State Civil Service Law? _____ Yes _____ No (If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment)

If yes, please state in detail the action taken against you: _____

Have you ever been dismissed from a position or resigned to avoid dismissal? _____ Yes _____ No

(If you answer yes to this question, you will not necessarily be disqualified as an applicant for employment)

If yes, please explain: _____

Have you been cleared for employment through the NYS Education Department? _____ Yes _____ No

NYS Education Department fingerprinting and background check is required for all positions. To apply for clearance, go to:

www.IdentoGo.com Service Code: 14ZGR7

CONDITIONS OF REVIEW

- ☐ I certify that all statements herein are true, accurate and complete and I understand that any falsifications, misleading or willful omissions shall be cause for dismissal or refusal of employment.
- ☐ I understand Lowville Academy and Central School will thoroughly investigate my educational background, personal and work history, and verify all data given on this application, on related papers and in interviews.
- ☐ I authorize all individuals, schools, and employers mentioned herein to provide any information requested about me, and I release them from all liability or damage for providing this information.
- ☐ I understand that neither this document nor any offer of employment from the employer constitutes an employment contract until the applicant's appointment is approved by the Board of Education of the Lowville Academy and Central School District.

WAIVER AND RELEASE FOR APPLICANT BACKGROUND CHECK

By signing below, I, _____, hereby authorize the Lowville Academy and Central School District (LACS) to verify and investigate all statements I have made on the employment application, on related papers and in interviews. I authorize LACS to contact all employers and personal references listed on my employment application. In addition, I authorize all individuals, schools and employers listed on my employment application to provide LACS with the information requested. I release any such individuals, schools and employers contacted by LACS from any and all legal liability or damage for disclosing any information about me.

In addition, I understand that if this form is not signed and submitted with the appropriate completed application form, I will not be considered for employment with LACS.

Signature of Applicant _____ Date _____

Thank you for your interest in Lowville Academy and Central School

The Lowville Academy and Central School District hereby advises students, parents, employees, and the general public that it does not discriminate on the basis of race, color, weight, national origin, ethnic group, creed or religion, marital status, age, sexual orientation, gender (including gender identity and expression) and sex, or disability in any of its programs or activities. Inquiries regarding this non-discrimination policy may be directed to: Scott D. Exford, Compliance Coordinator, and Mary E. Compo, Compliance Coordinator, at 7668 N. State Street, Lowville, New York 13367, (315) 376-9000.