

BRUNSWICK CENTRAL SCHOOL DISTRICT
3992 NY 2
TROY, NEW YORK 12180

Application for Employment (Bus Drivers or Substitute Drivers)

In compliance with Federal and State equal employment opportunity laws, Brunswick Central School District will consider applicants for employment without regard to age, race, creed, color, national origin, sex, sexual orientation, disability, military status, genetic predisposition or carrier status, or marital status, or any other legally protected status.

Personal Information			
Last Name	First	Middle Initial	Date of Application
Street Address		Apt #	Day time Telephone # ()
City	State	Zip	Evening Telephone # ()

Are you at least 21 years of age? Yes No Date of Birth ____ / ____ / ____
 Are you authorized to work in the United States? Yes No Email Address _____

If any information relevant to the next question (felonies and misdemeanors) is classified as a 'sealed' record, then you may answer 'No':

Have you ever been convicted of a felony? Yes No

Availability to Work		
<input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	List days and hours available: <hr/> Will you work weekends and holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No

Residency: <i>(Please list your addresses of residency for the past three years)</i>		
Current Street Address	Apt #	How long have you lived there? _____ years _____ months
City	State	Zip
Previous Street Address	Apt #	How long did you live there? _____ years _____ months
City	State	Zip
Previous Street Address	Apt #	How long did you live there? _____ years _____ months
City	State	Zip

Education					
SCHOOL	NAME AND ADDRESS	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE/ DIPLOMA
GRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS/TRADE/ TECHNICAL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Driver License Information <i>(List information for each unexpired CDL or license issued to you)</i>			
STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO
- (If the answer to either A or B is yes, attach a statement giving details)*

Driving Experience *(If None, Write "None")*

Includes vehicles having a GWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
MOTORCOACH - SCHOOLBUS				
OTHER				

Experience And Qualifications
List States operated in for last five years:
Show special courses or training that will help you as a driver:
Which safe driving awards do you hold and from whom?
Show any trucking, transportation or other experience that may help in your work for this district:
List courses and training other than shown elsewhere in this application:

Accident Record (List Motor Vehicle Accidents in which you have been involved in the 3 years previous to this application.)

(Attach additional sheets if more space is needed - if NONE, Write NONE)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions And Forfeitures For The Past 3 Years

(Other than Parking Violations - If NONE, Write NONE)

LOCATION	DATE	CHARGE	PENALTY

(Attach sheets if more space is needed)

Employment History (List employment history for the past 10 years)

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary)

EMPLOYER:	FROM: MO. YR. TO: MO. YR.
ADDRESS	POSITION:
CITY STATE ZIP	
CONTACT PERSON	REASON FOR LEAVING:
PHONE NUMBER	MAY WE CONTACT THIS EMPLOYER: YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYER:	FROM: MO. YR. TO: MO. YR.
ADDRESS	POSITION:
CITY STATE ZIP	
CONTACT PERSON	REASON FOR LEAVING:
PHONE NUMBER	MAY WE CONTACT THIS EMPLOYER: YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYER:	FROM: MO. YR. TO: MO. YR.
ADDRESS	POSITION:
CITY STATE ZIP	
CONTACT PERSON	REASON FOR LEAVING:
PHONE NUMBER	MAY WE CONTACT THIS EMPLOYER: YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYER:	FROM: MO. YR. TO: MO. YR.
ADDRESS	POSITION:
CITY STATE ZIP	
CONTACT PERSON	REASON FOR LEAVING:
PHONE NUMBER	MAY WE CONTACT THIS EMPLOYER: YES <input type="checkbox"/> NO <input type="checkbox"/>

References *(List information for three references that may be contacted by the district)*

Company	Telephone Number
Address	Contact Person
City State ZIP	Relationship

Company	Telephone Number
Address	Contact Person
City State ZIP	Relationship

Company	Telephone Number
Address	Contact Person
City State ZIP	Relationship

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if, and after, a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the district. I further understand that as a condition of employment, the district requires that I pass a physical examination, which may include a drug test. If an employment relationship is established, I have the right to terminate employment at any time, and the district retains a similar right. This is not a contract for employment.

(DATE)

(SIGNATURE)