

LAFAYETTE CENTRAL SCHOOL DISTRICT  
APPLICATION FOR POSITION OF REGULAR OR SUBSTITUTE DRIVER

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S.# \_\_\_\_\_

Present Address \_\_\_\_\_

Last Previous Address \_\_\_\_\_

1. Class of Driver's License \_\_\_\_\_ Expiration Date of License \_\_\_\_\_

State of Issuance \_\_\_\_\_ Motorist Ident. # \_\_\_\_\_

2. How many years have you driven? \_\_\_\_\_ Have you ever had an accident while driving the past 5 years which resulted in injuries to yourself or others? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No) If Yes, describe extent of accident or accidents \_\_\_\_\_

3. Have you ever been convicted of a moving traffic violations (reckless driving, etc.) or any criminal act during the past 3 years? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No) If yes give: 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 convulsions or periods of unconsciousness? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

8. Are you presently employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

9. List employment, in consecutive order for the past 3 years: \_\_\_\_\_  
\_\_\_\_\_

10. 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. \_\_\_\_\_

11. Did you receive a certificate? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Attach to this application form at least 3 statements from 3 different persons who are not related to you either by blood or by marriage, pertaining to your moral character and reliability. 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 3 character statements and the report of the physician pertaining to the above named applicant for the position of bus driver for the LaFayette School District, Town of LaFayette, County of Onondaga. I hereby approve his/her employment.

Date \_\_\_\_\_ Supervisor of the Carrier or Chief School Officer \_\_\_\_\_

If you knowingly make a false statement in this application, you commit a misdemeanor.  
\*Denotes Education Department Requirements.





Reference Name \_\_\_\_\_

Phone # \_\_\_\_\_

1. Associated with this applicant : from \_\_\_\_\_ to \_\_\_\_\_

2. Please indicate by a check mark in the spaces below, your opinion of the applicant.

	Excellent	Above Average	Average	Below Average
Character .....				
Dependability .....				
Intelligence .....				
Initiative .....				
Imagination .....				
Cooperation .....				
Personality .....				
Personal Appearance .....				
Courtesy & Manners .....				
Loyalty .....				

3. Do you know of any reason(s) that this individual should not be employed as a school bus driver? \_\_\_\_\_

4. Please enter below, any additional comments you feel may be helpful in our consideration of this applicant:

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reference Name \_\_\_\_\_

Phone # \_\_\_\_\_

1. Associated with this applicant : from \_\_\_\_\_ to \_\_\_\_\_

2. Please indicate by a check mark in the spaces below, your opinion of the applicant.

	Excellent	Above Average	Average	Below Average
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Dependability .....				
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Personal Appearance .....				
Courtesy & Manners .....				
Loyalty .....				

3. Do you know of any reason(s) that this individual should not be employed as a school bus driver? \_\_\_\_\_

4. Please enter below, any additional comments you feel may be helpful in our consideration of this applicant:

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Reference Name \_\_\_\_\_

Phone # \_\_\_\_\_

1. Associated with this applicant : from \_\_\_\_\_ to \_\_\_\_\_

2. Please indicate by a check mark in the spaces below, your opinion of the applicant.

	Excellent	Above Average	Average	Below Average
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3. Do you know of any reason(s) that this individual should not be employed as a school bus driver? \_\_\_\_\_

4. Please enter below, any additional comments you feel may be helpful in our consideration of this applicant:

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
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