

11. 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 COURSE BELOW:

_____ DID YOU RECEIVE A CERTIFICATE? _____ YES _____ NO

12. LIST THREE-3 DIFFERENT PERSONS WHO ARE NOT RELATED TO YOU EITHER BY BLOOD OR MARRIAGE WHO CAN GIVE A REFERENCE PERTAINING TO YOUR MORAL CHARACTER AND RELIABILITY.

	NAME	STREET	CITY	STATE	ZIP	TELEPHONE No.
1.						
2.						
3.						

TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ANSWERS TO THE ABOVE QUESTIONS ARE TRUE.

DATE SIGNATURE

IF YOU KNOWINGLY MAKE A FALSE STATEMENT IN THIS APPLICATION, YOU COMMIT A MISDEMEANOR.

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To be completed by Lake Shore Transportation Office

I have reviewed the above application, the three-3 character statements and the report of the physician pertaining to the above named applicant for the position of regular or substitute school bus driver for School District No. 1, Lake Shore Central Schools, Town of Evans-Brant, County of Erie

I hereby approve his/her employment. for the for the school year 19 _____ 19_____.

DATE * SIGNATURE OF THE CARRIER OR CHIEF SCHOOL OFFICER

* DENOTES STATE EDUCATION DEPARTMENT REQUIREMENTS.

AUTHORITY FOR RECORD CHECK

CRIMINAL AND DMV

State of New York
County of Erie
Town of Evans

Date: _____

I, _____, do hereby authorize the Town of Evans Police Department to check and receive any information regarding my criminal record, if any, and that which relates to my driver's license or operating record including disciplinary measures, to include but not limited to any and all records furnished by the New York State Department of Motor Vehicles.

Signature

Current Address

Town, State, Zip

Date of Birth

Signature of Witness

Witness Name Printed