

LAKE SHORE CENTRAL SCHOOL DISTRICT
Transportation Office / 8710 North Main Street / Angola, NY 14006 / (716) 926-2241

**APPLICATION FOR POSITION OF
REGULAR OR SUBSTITUTE SCHOOL BUS DRIVER**

NAME: _____ DATE OF BIRTH: _____ SEX: _____
LAST FIRST M.
SOCIAL SECURITY No.: _____ TELEPHONE No.: () _____

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

LAST PREVIOUS ADDRESS: _____
STREET CITY STATE ZIP

1. CLASS OF DRIVER'S LICENSE: _____ EXPIRATION DATE: _____ STATE OF ISSUANCE: _____
MOTORIST IDENTIFICATION No.: _____ HOW MANY YEARS DRIVEN? _____
2. HAVE YOU EVER HAD AN ACCIDENT WHILE DRIVING WHICH RESULTED IN INJURIES TO YOURSELF OR OTHERS?
_____ YES _____ NO Explain: _____

3. HAVE YOU BEEN CONVICTED OF MOVING TRAFFIC VIOLATIONS (I.E. Reckless Driving, Speeding, ETC.) OR OF ANY CRIMINAL ACT?
_____ YES _____ NO IF YES, GIVE:

DATE	CHARGE	COURT & LOCATION

4. HAVE YOU EVER HELD A DRIVER'S LICENSE(S) IN ANY OTHER STATE DURING THE PAST THREE-3 YEARS?
_____ YES _____ NO STATE OF ISSUANCE: _____ CLASS OF LICENSE _____

5. ACTIVE DRIVING EXPERIENCE WITH: PASSENGER BUS OR HEAVY TRUCK _____ YES _____ NO
LIGHT TRUCK OR STATION WAGON _____ YES _____ NO

6. DO YOU USE INTOXICANTS? _____ FREQUENTLY _____ SELDOM _____ NEVER

7. DO YOU USE DRUGS? _____ FREQUENTLY _____ SELDOM _____ NEVER

8. HAVE YOU EVER HAD ANY CONVULSIONS OR PERIODS OF UNCONSCIOUSNESS? _____ YES _____ NO

9. ARE YOU PRESENTLY EMPLOYED _____ YES _____ NO IF YES, LIST BELOW:

JOB TITLE	EMPLOYER NAME					ADDRESS	Can we Contact This employer?	
COMPANY	STREET	CITY	STATE	ZIP	FROM / TO DATES	✓ YES	✓ NO	

10. LIST EMPLOYMENT, IN CONSECUTIVE ORDER FOR THE PAST FIVE-5 YEARS.

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 20 _____ 20_____.

DATE * SIGNATURE OF THE CARRIER OR CHIEF SCHOOL OFFICER

* DENOTES STATE EDUCATION DEPARTMENT REQUIREMENTS.



TOWN OF EVANS POLICE DEPARTMENT

8787 Erie Road, Angola, NY 14006
716-549-3600 Fax 716-549-6089



CRIMINAL/DMV AUTHORIZATION FOR RECORD CHECK

State of New York
County of Erie
Town of Evans

Date: _____

I, _____ (Maiden Name _____),
First Middle Last

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

Signature

Current Address

Date of Birth

Phone Number

Driver's License Number

Signature of Witness

Witness Name Printed

Reason for Record Check

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to Lake Shore Central Schools
(print drivers name)

(Evans-Brant Central School District) to conduct a limited query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. Terms of consent are specific to a limited query, annually, for the duration of employment.

I understand that if the limited query conducted by Lake Shore Central Schools (Evans-Brant Central School District) indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Lake Shore Central Schools (Evans-Brant Central School District) without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Lake Shore Central Schools (Evans-Brant Central School District) to conduct a limited query of the Clearinghouse, Lake Shore Central Schools (Evans-Brant Central School District) must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

Employee Signature

Date