



No. of Years Attended: \_\_\_\_\_ Major: \_\_\_\_\_

Graduate: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Degree: \_\_\_\_\_

Name: \_\_\_\_\_

Location: \_\_\_\_\_

No. of Years Attended: \_\_\_\_\_ Major: \_\_\_\_\_

Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_ Degree: \_\_\_\_\_

Specify any other specialized training or experience which would better qualify you for this position:

**EMPLOYMENT RECORD:** *List employment for the past 10 years starting with most recent position.*

Dates of Employment From: _____ To: _____	Company Name & Address	
Position Name:		
Immediate Supervisor Name:	Briefly Describe Duties Performed:	
Phone No.:	Beginning Salary:	Ending Salary:
Reason for Leaving Position:		

Dates of Employment From: _____ To: _____	Company Name & Address	
Position Name:		
Immediate Supervisor Name:	Briefly Describe Duties Performed:	
Phone No.:	Beginning Salary:	Ending Salary:
Reason for Leaving Position:		

Dates of Employment From: _____ To: _____	Company Name & Address	
Position Name:		
Immediate Supervisor Name:	Briefly Describe Duties Performed:	
Phone No.:	Beginning Salary:	Ending Salary:
Reason for Leaving Position:		

Dates of Employment From: _____ To: _____	Company Name & Address	
Position Name:		
Immediate Supervisor Name:	Briefly Describe Duties Performed:	
Phone No.:	Beginning Salary:	Ending Salary:
Reason for Leaving Position:		

Dates of Employment From: _____ To: _____		Company Name & Address	
Position Name:			
Immediate Supervisor Name:		Briefly Describe Duties Performed:	
Phone No.:		Beginning Salary:	Ending Salary:
Reason for Leaving Position:			

**REFERENCES:** List at least three different individuals who are not related to you either by blood or marriage:

Name: _____		Name: _____	
Address: _____		Address: _____	
_____		_____	
Title:	Phone:	Title:	Phone:

Name: _____		Name: _____	
Address: _____		Address: _____	
_____		_____	
Title:	Phone:	Title:	Phone:

Names of relatives in our employ: \_\_\_\_\_

Names of personal acquaintances in our employ: \_\_\_\_\_

**BACKGROUND INFORMATION:**

Veteran of U.S. Military: Yes \_\_\_ No \_\_\_ Discharge Type: \_\_\_\_\_

Branch: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Have you ever been fingerprinted for the purpose of employment? Yes \_\_\_ No \_\_\_  
If Yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Have you been cleared by the New York State Education Department? Yes \_\_\_ No \_\_\_

Are you legally eligible for employment in this country? Yes \_\_\_ No \_\_\_  
(If hired, 2 original forms of identification are required to be submitted.)

Have you ever been convicted of a crime (felony or misdemeanor)?  
Yes \_\_\_ No \_\_\_ If Yes, see convictions section below.

Are any criminal charges pending against you? Yes \_\_\_ No \_\_\_

Have you ever forfeited bail or bond following your appearance as a defendant in a criminal court action?  
Yes \_\_\_ No \_\_\_

Have you ever been disqualified for employment for any civil service position? Yes \_\_\_ No \_\_\_

Have you ever been discharged or required to resign from any position (other than staff reduction layoffs)?  
Yes \_\_\_ No \_\_\_

Have disciplinary charges ever been preferred against you by an employer? Yes\_\_\_\_ No\_\_\_\_  
If yes, were the charges sustained? Yes\_\_\_\_ No\_\_\_\_

Have you ever resigned as an alternative to facing charges or dismissal? Yes\_\_\_\_ No\_\_\_\_

Have you ever had a license or certificate denied or terminated because of unsatisfactory teaching, fingerprints, or medical record? Yes\_\_\_\_ No\_\_\_\_

Have you ever had any professional certificate or license denied, revoked or suspended by any government agency as a result of your record? Yes\_\_\_\_ No\_\_\_\_

Has a Family Court or any other court ever rendered a finding indicating that you have abused or neglected a child? (If yes, complete the confidentially held information below):

Date and nature of the finding: \_\_\_\_\_

Name of the court: \_\_\_\_\_

Name of the judge: \_\_\_\_\_

**CONVICTIONS:**

Charge: \_\_\_\_\_

Court: \_\_\_\_\_

Year: \_\_\_\_\_

Conviction: \_\_\_\_\_

**APPLICANT'S STATEMENT:** *(Knowingly making a false statement on this application is a misdemeanor.)*

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment. I authorize an investigation of all statements herein and further authorize all cited references to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize the South Glens Falls Central School District to check my references, to obtain information from my former employers and educational institutions, to take other action to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. I authorize the South Glens Falls Central School District to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record to the school district.

I understand that any omissions on this application may prevent my application from being evaluated or referred to a school district and that any misrepresentation, falsification or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district, not to be referred to a school district, or for discharge if I have been employed.

\_\_\_\_\_  
Applicant's Signature

Date\_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:**

**Audrey P. Varney, Business Manager  
South Glens Falls Central School District  
6 Bluebird Road  
South Glens Falls, New York 12803-5704**

*The South Glens Falls Central School District does not discriminate in employment or in the education programs and activities which it operates on the basis of race, sex, disability, or sexual orientation in violation of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, or § 504 of the Rehabilitation Act of 1973 or New York State Executive Law 296. Accordingly, nothing in this application should be viewed as expressing directly or indirectly any limitations, specifications, or discrimination in connection with those listed areas. The Compliance Officer for Title IX and Section 504 can be contacted at South Glens Falls Central School District, 6 Bluebird Road, South Glens Falls, New York 12803.*

**DRIVING INFORMATION - FOR SCHOOL BUS DRIVERS ONLY**

Class of Driver's License: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_  
(NYS Commercial Drivers License required under DMV Article 19A)

Motorist Identification Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

1. How many years have you driven? \_\_\_\_\_

2. During the past five years, have you ever had an accident while driving which resulted in injuries to yourself or others?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

3. During the past three years, have you been convicted of moving traffic violations (reckless driving, speeding, etc.) or of any criminal act? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

<u>Date</u>	<u>Charge</u>	<u>Court/Location</u>
_____	_____	_____
_____	_____	_____

4. Number of years of active driving experience: \_\_\_\_\_ Years  
Number of years driving passenger bus or heavy truck \_\_\_\_\_ Years  
Number of years driving 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 \_\_\_\_\_

TRAINING:

Have you ever attended a Bus Driver Training Course? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list date, name, place and duration of each training course:

<u>Date</u>	<u>Course</u>	<u>Place Given</u>	<u>Duration</u>
_____	_____	_____	_____
_____	_____	_____	_____

For School District Use Only:

I have reviewed the above application, the three character statements and the report of the physician pertaining to the above-named applicant for the position of School Bus Driver for the school year 20\_\_-20\_\_ for the South Glens Falls Central School District. I hereby approve his/her employment. (New York State Education Department requirements.)

\_\_\_\_\_  
Transportation Supervisor

Date \_\_\_\_\_