



929 York Street
Utica, New York 13502

Utica City School District

(315) 792-2243
Facsimile (315) 792-4885

BUS DRIVER or SUBSTITUTE BUS DRIVER APPLICATION

Date Interviewed: _____
Cleared: _____

Fingerprinted: _____

Please complete this application in its entirety (Do Not Indicate "See Resume") and return along with your letter of interest, resume, and three (3) current letters of reference to the Personnel Department of the Utica City School District

Please print or type all information. Complete all sections.

I. GENERAL INFORMATION

Name: _____
Last First Middle

Present Address: _____
Street Apt.

City State Zip

Mailing Address: _____
(If different from above) Street Apt City State Zip

Telephone Numbers (Home) (_____) (Work) (_____) _____

(Cell) (_____) (Fax #): (_____) _____

E-Mail: _____ Social Security #: _____

Present Position: _____
Title Place of Employment

Street City State Zip Telephone # (_____) _____

Have you ever worked for the Utica City School District? (Check one) Yes: _____ No: _____

If "Yes": When: _____ Position: _____

II. DRIVER BACKGROUND

Class of Driver's License: _____ Expiration date of such license: ____/____/____

Motorist Identification #: _____ State of Issuance: _____ How many years have you driven? _____

Driving Experience: Active driving experience _____ years
Experience driving passenger bus or heavy truck _____ years
Experience driving light truck or station wagon _____ years

Have you ever attended a Bus Driver Training Course? (Check one) Yes: _____ No: _____

Have you ever taken other such courses? (Check one) Yes: _____ No: _____

If "Yes", give:

DATE OF COURSE	PLACE OF COURSE	DURATION OF EACH KIND OF COURSE	CERTIFICATE RECEIVED
____/____/____	_____	_____	Yes or No
____/____/____	_____	_____	Yes or No
____/____/____	_____	_____	Yes or No

III. DRIVING RECORD

During the past five (5) years, have you had any accident resulting in injuries to yourself or others? (Check one) Yes: ____ No: ____

If "Yes", describe extent of accident or accidents: _____

Have you been convicted of moving traffic violations (reckless driving, speeding, etc? (Check one) Yes: ____ No: ____

If "Yes" give:

DATE	CHARGE	COURT & LOCATION
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____

Do you use intoxicants? (Check one) Frequently: ____ Seldom: ____ Never: ____

Do you use drugs? (Check one) Frequently: ____ Seldom: ____ Never: ____

IV. PERSONAL INFORMATION (Circle Yes or No for each question)

Are you at least 21 years of age?	Yes	No
Have you ever been convicted of a felony or misdemeanor?	Yes	No
Are any criminal charges pending against you?	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
Have you ever resigned as an alternative to facing charges or dismissal?	Yes	No

If "Yes" to any of the above, please give details: _____

V. WORK EXPERIENCE

(List most current first)

____/____ From / To	_____ Employer / Location (City, State)	_____ Position	_____ Wage	_____ Reason for Leaving
____/____ From / To	_____ Employer / Location (City, State)	_____ Position	_____ Wage	_____ Reason for Leaving
____/____ From / To	_____ Employer / Location (City, State)	_____ Position	_____ Wage	_____ Reason for Leaving
____/____ From / To	_____ Employer / Location (City, State)	_____ Position	_____ Wage	_____ Reason for Leaving
____/____ From / To	_____ Employer / Location (City, State)	_____ Position	_____ Wage	_____ Reason for Leaving

VI. In applying here for employment, it is understood that the Utica City School District reserves the privilege of contacting past employers regarding references. May we also contact your present employer at this time? *(Check one)* Yes ☐ No ☐

VII. REFERENCES

Attach three (3) letters of reference + include the below information. References should include your most recent employer, supervisors and others under whom you have worked who have first-hand knowledge of your moral character and reliability. References are not to be related to you either by blood or marriage.

Name	Title	Employer / Address	Phone - Work	Phone – Home/ Cell
			()	()
			()	()
			()	()

Employer Release and Waiver: I hereby represent that each answer to the question herein and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of any knowledge with respect to a question or subject to which the answer or information relates. I understand that any incorrect, incomplete, or false statement or information furnished by me will subject me to discharge at any time, in the event that I am employed by the Utica City School District. I agree to comply with all of its orders, rules and regulations. I hereby authorize my former employers, and my present employer, if the appropriate box is checked in question 6, to give any information regarding my employment with them, in addition, to furnish any other information they may have concerning me, to the Utica City School District. I further authorize the Utica City School District to review my files, records or other material concerning any misdemeanor or felony convictions of me maintained by or in the custody of any law enforcement agency and / or any law enforcement related agency or institution.

(Signature)

(Date)

The Utica City School District is an equal-opportunity organization that does not discriminate on the basis of race, creed, sex, age, handicapping conditions, or national origin in admission or access to, or treatment or employment in, program and activities.

**UTICA CITY SCHOOL DISTRICT
929 York Street
Utica, New York 13502**

**MICHELE D. LaGASE
Director of Human Resources**

**(315) 792-2243
Facsimile (315) 792-4885**

NOTICE AND RELEASE

**IN CONNECTION WITH
EMPLOYMENT APPLICATION**

In connection with my application for employment with the Utica City School District, I hereby voluntarily authorize the Utica City School District, or another entity whose services are retained by the district, and their employees or agents, to make a complete and comprehensive inquiry into my background, attributes and present and past activities, and to utilize this release in the conduct of such inquiry. To facilitate this inquiry, I authorize and request former employers, teachers and educational officials, government authorities and any other person or organization having knowledge concerning me to disclose to the district by all appropriate governmental and law enforcement agencies of records of convictions involving me.

Signature

Print Name

Date

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