

APPLICATION FOR SCHOOL BUS DRIVER EMPLOYMENT

NOTE: PLEASE PRINT LEGIBLY AND COMPLETE THIS FORM IN INK ONLY

Name (Last)	(First)	(Middle)
Street Address	Apt #	PO Box
City	State	Zip
Telephone ()	Driver License Number/State	
High School Attended	Graduated	Yes No <input type="checkbox"/> <input type="checkbox"/>
College/Tech School	Graduated	Yes No <input type="checkbox"/> <input type="checkbox"/>

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Have you been convicted* of any misdemeanor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been convicted* of any felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been convicted* of any sex offense? | <input type="checkbox"/> | <input type="checkbox"/> |

***Convicted** is defined as any time you were found guilty of an offence and:

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • forfeited a bond; • served a term of Probation; | <ul style="list-style-type: none"> • received a "suspended" sentence; • served time in city or county jail; • paid a fine; | <ul style="list-style-type: none"> • received a "deferred" sentence; and/or • served time in prison. |
|--|---|--|

If YES to questions 1, 2, and/or 3, list below: (include all criminal traffic violations such as DUI, reckless driving, etc.)

ARREST DATE	STATE	VIOLATIONS/CHARGES	COURT SENTENCE	SENTENCE COMPLETED	
				YES	NO

Within the past 3 years, has your driver license been suspended by the DMV of any state for a cause involving the unsafe operation of a motor vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had your driving privileges revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
As a valid licensed driver, do you have less than one year of vehicular driving experience?	<input type="checkbox"/>	<input type="checkbox"/>
Number of points on your driving record at present? (0 if your MVR is free of violations)		
Have you ever been employed as a school bus driver? If yes, Name/Employment Date/Address of County/District by whom employed:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dismissed from a school bus driver position?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any physical or mental limitations which would prevent or impair your performance of the job for which you are applying?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the information provided here is correct and true to the best of my knowledge. My signature represents consent to release my driving record/history and my employment record/history information. I understand that supplying false information may result in my not being considered for employment or, if I am employed, shall be considered sufficient cause for dismissal. This company is hereby authorized to release to any other firm or person with whom I may seek employment, any and all information concerning my employment or application. I acknowledge that I will be required to pass a physical performance test, to submit to and pass a drug screening for illegal drugs, and will be subject to a criminal background check. Our screening process begins with this application, continues throughout training and 6 months after employment (a probationary period), and throughout employment.

Signature of Applicant

Date

Recommended/Rejected	Initials:	Date:
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→FORMS WITH INCOMPLETE INFORMATION WILL NOT BE PROCESSED. PRINT ALL INFORMATION.←

Employment Record (last four employers) Print all information. Include complete/correct information.

EMPLOYER:

1. _____ Phone _____ Date Employed _____ to _____
 Name _____
 _____ Position _____
 Street/PO Box _____
 _____ Reason Left _____
 City/State _____ Zip _____

EMPLOYER:

2. _____ Phone _____ Date Employed _____ to _____
 Name _____
 _____ Position _____
 Street/PO Box _____
 _____ Reason Left _____
 City/State _____ Zip _____

EMPLOYER:

3. _____ Phone _____ Date Employed _____ to _____
 Name _____
 _____ Position _____
 Street/PO Box _____
 _____ Reason Left _____
 City/State _____ Zip _____

EMPLOYER:

4. _____ Phone _____ Date Employed _____ to _____
 Name _____
 _____ Position _____
 Street/PO Box _____
 _____ Reason Left _____
 City/State _____ Zip _____

References, **not** relatives or former employers. **Print** complete/correct information.

Name	Address	Phone
		()
		()
		()

List organizations, clubs, memberships in which you are active:

Rock Hill School District Three complies with all state and Federal rules and regulations and does not discriminate on the basis of race, religion, age, gender, disability, or any other legally protected status.

Applications may be mailed, faxed or returned in person along with a copy of your current driver license to:



Rock Hill School District Three
Department of Transportation
 1060 Goldenrod Road
 PO Drawer 10072
 Rock Hill, SC 29730
 Fax: 803 980-2025