

**NORTH SYRACUSE CENTRAL SCHOOL DISTRICT**

**EMPLOYMENT APPLICATION:**     **SCHOOL BUS DRIVER**  
    **SCHOOL BUS ATTENDANT**

*All information requested on this application form must be complete, or the application will not be accepted.*

**PERSONAL DATA**

Full Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Home Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
\_\_\_\_\_

Are you a resident of the North Syracuse Central School District?      Yes \_\_\_ No \_\_\_  
Are you a member of the NYS Employees Retirement System?      Yes \_\_\_ No \_\_\_  
Have you ever worked for the North Syracuse Central School District?      Yes \_\_\_ No \_\_\_  
    If yes, Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Do you have any relative presently employed by the District?      Yes \_\_\_ No \_\_\_  
    If yes, Name of Relative: \_\_\_\_\_

**EDUCATION**

School	Address	Dates	Degree/Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RELATED VOLUNTARY EXPERIENCE – List any volunteer experience related to this position**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you wish, you may state briefly the nature of any additional experience that you have had that would be of help to you in assuming the responsibilities of the position for which you applied. Please use additional paper.

**EQUAL OPPORTUNITY EMPLOYER**

## Driver's License Information

1. Current New York State Motorist identification Number \_\_\_\_\_

2. Have you ever held a driver's license(s) in any other state during the past three (3) years?

Yes  No

If yes, complete the following:

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

Type/Class of License: (Check one)  Passenger  Bus  Commercial  Other

3. Have you ever had an accident while driving in the past ten(10) years? Yes  No

If yes, complete the following:

Date of Accident

Describe extent of accident and/or injuries

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4. Have you ever been convicted of a motor vehicle moving violation or offense (e.g. unlicensed operation of a vehicle, reckless driving, etc.)?

Yes  No

If you answered "yes", please explain and provide the year of conviction, the court of jurisdiction, and the facts of the offense.

Date of Conviction

Court of Jurisdiction

Facts of Offense

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5. Have you ever been convicted of a crime? Yes  No

If you answered "yes", please explain and provide the year of conviction, the court of jurisdiction , and the facts of the offense.

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\*A conviction will not necessarily be a bar to employment. Factors such as the date, seriousness, and nature of offense will be considered.

# EMPLOYMENT RECORD

List employment history from most current position as well as any previous positions, for a minimum of the last 10 years. If you should need additional space, feel free to use the reverse side of this page. ALL INFORMATION MUST BE COMPLETE or the application will not be accepted.

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Company Name: \_\_\_\_\_ Your Position \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ FROM: Month \_\_\_\_ Year \_\_\_\_ TO: Month \_\_\_\_ Year \_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Company Name: \_\_\_\_\_ Your Position \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ FROM: Month \_\_\_\_ Year \_\_\_\_ TO: Month \_\_\_\_ Year \_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Company Name: \_\_\_\_\_ Your Position \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ FROM: Month \_\_\_\_ Year \_\_\_\_ TO: Month \_\_\_\_ Year \_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continued)

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Company Name: \_\_\_\_\_ Your Position \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ FROM: Month \_\_\_\_ Year \_\_\_\_ TO: Month \_\_\_\_ Year \_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Company Name: \_\_\_\_\_ Your Position \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ FROM: Month \_\_\_\_ Year \_\_\_\_ TO: Month \_\_\_\_ Year \_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Company Name: \_\_\_\_\_ Your Position \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ FROM: Month \_\_\_\_ Year \_\_\_\_ TO: Month \_\_\_\_ Year \_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**North Syracuse Central School District**  
**EQUAL OPPORTUNITY EMPLOYER**

I declare and affirm that the statements made on the foregoing application, including accompanying statements, are complete, true and correct. I further understand that any misrepresentation or omissions may result in termination.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Social Security No. \_\_\_\_\_

**General Consent for Driver Abstract Review (School Bus Drivers Only)**

I, \_\_\_\_\_, hereby provide consent to North Syracuse Central School district to conduct a review of my driving abstract through the NYS Department of Motor Vehicles.

I understand that the information obtained from my driving abstract will be used to determine eligibility to join the School Bus driver training program at the North Syracuse Central School District.

I understand this is conducted once every year for the duration of my employment.

Driver's License Number \_\_\_\_\_

\_\_\_\_\_  
Employees Signature (eSignature)

\_\_\_\_\_  
Date