

CANTERBURY BOARD OF EDUCATION  
45 WESTMINSTER ROAD  
CANTERBURY, CT 06331

BUS DRIVER EMPLOYMENT APPLICATION

APPLICANT INFORMATION	
Name _____	Date _____
Address _____	
City _____	State _____ Zip Code _____
Home Phone _____	Cell Phone _____
Soc. Security # _____	DOB _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you a U.S. citizen? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain _____	
Within the last three years, are any criminal charges currently pending against you in Connecticut or other state? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PREVIOUS RESIDENCY (LAST 3 YEARS)
Address _____
Address _____
Address _____

DRIVER LICENSE INFORMATION
License # _____ State _____ Exp. Date _____
CLASS _____ RESTRICTION _____ ENDORSEMENT _____
Date of last Physical _____ Date of Last Proficiency _____
List any Motor Vehicle accidents _____
List Motor Vehicle violations _____
Have you ever been denied a license? If so, provide details. _____

SCHOOL BUS DRIVER HISTORY (LAST 10 YEARS)
Company _____ Phone _____
Address _____
From _____ To _____ Reason for Leaving _____

(School Bus Driver History Continued)

Company		Phone
Address		
From	To	Reason for Leaving
Company		Phone
Address		
From	To	Reason for Leaving
Company		Phone
Address		
From	To	Reason for Leaving

**WORK HISTORY (LAST 3 YEARS)**

Company		Phone
Address		
From	To	Reason for Leaving
Company		Phone
Address		
From	To	Reason for Leaving
Company		Phone
Address		
From	To	Reason for Leaving

**REFERENCES (LIST 3 - NOT RELATED)**

Name	_____	Phone	_____
Company			
Address			
Name	_____	Phone	_____
Company			
Address			

(References Continued)

Name _____	Phone _____
Company _____	
Address _____	

**DISCLAIMER AND SIGNATURE**

I understand that I will be required to submit to fingerprinting, at my expense, for purposes of having a national criminal history records check. If I have been convicted of a crime which has not been disclosed above, I may be immediately dismissed. I further understand that the job offer is conditional on my successful passing fingerprinting and drug and tuberculosis screenings.

I certify that under penalty of false statement, this application was completed by me and that all entries on it and information are true. I understand that any misrepresentation, omission or falsification, may be grounds for immediate discharge.

Signature _____	Date _____

**FOR OFFICE USE ONLY**

Date application received: \_\_\_\_\_

Was interview granted? \_\_\_\_\_ If yes, date: \_\_\_\_\_

Final status of application \_\_\_\_\_

# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to \_\_\_\_\_ (Prospective Employer)  
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

\_\_\_\_\_  
(Signature of Requester) (Date)

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

The following named person has made application with our company for the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations,  
please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations,  
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

REQUESTED BY

\_\_\_\_\_  
(Name of Company) (Typed Name)

\_\_\_\_\_  
(Address) (Title)

\_\_\_\_\_  
(State) (Signature)

**CARRIER'S ANNUAL REVIEW OF EMPLOYEE'S  
DRIVING/CRIMINAL RECORDS**

CARRIER/EMPLOYER'S NAME \_\_\_\_\_

**Section 1: DRIVER CERTIFICATION (to be completed by driver)**

Last name	First name	Middle initial	Date of Birth	Social Security Number
Street Address		City	State	Zip code

Where you involved in ANY motor vehicle accident(s) during the past year? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, complete Accident Information section below. Use back of form if additional space is needed.

Date of accident	Location (city/state/zipcode/county)	brief description, type of vehicle, approx. dollar value of damage	No. of injuries	any fatalities YES or NO

Where you convicted of ANY Moving Traffic Violation(s) during the past year? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, complete Record of Convictions section below.

Date of Violation	Date of Conviction	What charge(s) were you convicted of?	What Court, and location City/state/zipcode/county

Were you convicted of ANY Criminal Offenses during the past year? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, complete Criminal Charge section below.

Date of Violation	Date of Conviction	What charge(s) were you convicted of?	What Court, and location City/state/zipcode/county

**Driver Acknowledgement:**

I certify under penalty of false statement that this list of Motor Vehicle and Criminal Violations and Accidents is a true and complete list, or that no such violations/accidents occurred, during the preceding twelve months.

Signature \_\_\_\_\_ printed name \_\_\_\_\_ date \_\_\_\_\_

Section 2: CARRIER CERTIFICATION: I have compared the information given by the driver with the driver's abstract (drivers license history). I have ensured that all accidents and convictions are listed on this form. I have attached the driver's abstract(s). I interviewed the employee on \_\_\_\_\_ and certify that this driver has been instructed in and meets the standards for safe driving, is in compliance with all Driver's License requirements and is qualified to drive a school bus/student transportation vehicle.

Carrier/School District Supervisor (print) \_\_\_\_\_ date \_\_\_\_\_

Authorized Signature of Carrier/School District Supervisor \_\_\_\_\_ date \_\_\_\_\_