

# **MORAVIA CENTRAL SCHOOL**

## **INFORMATION SHEET FOR PROSPECTIVE BUS DRIVERS**

1. Persons interested in becoming School Bus Drivers should complete a Bus Driver Application at the District Office. The application will call for four (4) references. Care should be taken to choose persons who will be willing to furnish us with a written reference on you. A complete mailing address should be given with each reference. Your application will not be processed until these references are returned.
2. Your driving record will be checked with the Department of Motor Vehicles. If it is satisfactory, you will be notified to come to the bus garage to begin training for a CDLB license, with a passenger endorsement. When it is determined that you are ready, an appointment will be made for you to take your driving test, and someone will accompany you to the test with a bus.
3. You will be required to undergo a pre-employment drug and alcohol test.
4. As soon as you receive your Class B license, you will be asked to get a physical from the school physician. This physical will be required yearly of all bus drivers, and there are certain minimum requirements. You will be required to be fingerprinted; this is a State of New York Department of Motor Vehicles requirement. They will be checking with the Division of Criminal Justice Services and the Federal Bureau of Investigations for any felony convictions.
5. When all of the above have been completed, you will be eligible to be placed on the substitute bus driver list. Substitute drivers are paid \$14.00 per hour as set by the Board of Education. Substitute drivers are not covered by the CSEA contract.
6. Substitute drivers, if performing satisfactorily, will be given the opportunity to apply for vacant routes. After applying for routes, if the substitute is successful, he/she may be granted an appointment as a regular bus driver by the Board of Education.
7. All regular drivers whether substitute or regular, must complete 30 hours of in-service training during their first year of employment. All drivers must also attend a two-hour instructional session before school opens and before February 1<sup>st</sup> each school year.
8. Each driver's performance will be reviewed biannually by the Transportation Supervisor. A Behind-the-Wheel road test will be conducted. An abstract of each driver's record will be obtained from the Department of Motor Vehicles annually for review, and in addition, an annual evaluation will be completed on each driver by the Transportation Supervisor. The Department of Transportation will audit school records annually to make sure that these requirements are met, and that they are on file in each driver's personnel folder.

Duties for school bus driver include:

1. Provide safe transportation for pupils
2. Maintain a spirit of cooperation with pupils, parents and administrators
3. Inspect the school bus daily – with a pre-trip inspection as Department of Transportation regulations require
4. Fuel and clean the bus
5. Observe all laws and traffic regulations



Updated 8-1-11

# CAYUGA COUNTY CIVIL SERVICE APPLICATION

Department of Human Resources and Civil Service Commission

County Office Building, 2<sup>nd</sup> Floor, 160 Genesee Street, Auburn, NY 13021

Website: [www.cayugacounty.us/civilservice](http://www.cayugacounty.us/civilservice)

Telephone: (315) 253-1284

POSITION or EXAM TITLE: \_\_\_\_\_ EXAM NUMBER: \_\_\_\_\_ (if applicable)

**IMPORTANT INSTRUCTIONS:** You must complete this entire application, even if you include a resume. If signing up for a civil service exam, you must read the exam announcement for additional instructions. Answer all questions thoroughly. All statements are subject to verification. Incomplete applications may be disapproved.

### SECTION 1:

APPLICANT NAME: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ SOC. SEC. NO.: \_\_\_\_\_

MAILING ADDRESS: (Can be P.O. Box or Street Address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

LEGAL RESIDENCE: (Must be a Street Address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please indicate the number of years and/or months you have resided at your current LEGAL RESIDENCE listed above. \_\_\_\_\_ / \_\_\_\_\_  
Years Months

Your current LEGAL RESIDENCE is located in the County of \_\_\_\_\_ and the School District of \_\_\_\_\_

PHONE NUMBERS: HOME: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ WORK: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ CELL: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

### SECTION 2:

- YES  NO 1. ARE YOU A WAR-TIME VETERAN or on active duty in the U.S. Armed Forces? If yes, check one:  Disabled  Non-Disabled  
You must submit the required Veteran's Credit forms by the date of the exam. Request these forms by calling (315) 253-1284 or download at: [www.cayugacounty.us/civilservice/ccapp](http://www.cayugacounty.us/civilservice/ccapp). Include a copy of your DD-214. Completed forms will then be reviewed by our office to determine if you are eligible to have extra credits added to your passing score.
- YES  NO 2. ARE YOU UNDER THE AGE OF 18? If yes, enter date of birth (only if you are UNDER 18): \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- YES  NO 3. ARE YOU CROSS-FILING? If you are applying for additional civil service exams (other than Cayuga County exams) scheduled on the same date, you must include a CROSS-FILING FORM with your application. Request this form by calling (315) 253-1284 or download at: [www.cayugacounty.us/civilservice/forms/cross-filing-form.pdf](http://www.cayugacounty.us/civilservice/forms/cross-filing-form.pdf).
- YES  NO 4. ARE YOU AN EXEMPT VOLUNTEER FIREFIGHTER? (Proof will be required at time of hire.)
- YES  NO 5. STUDENT LOAN STATUS: Are you currently in default (continually overdue on your payments) on any outstanding student loans made or guaranteed by the New York State Higher Education Services Corporation?
- YES  NO 6. RELIGIOUS ACCOMMODATIONS: Do you require an alternate test date due to religious reasons? Most written tests are held on Saturdays. If you cannot take the test on the scheduled test date due to a conflict with a religious observance or practice, arrangements may be made for you to take the test on a different date (usually the following Monday).
- YES  NO 7. TESTING ACCOMMODATIONS: Do you require reasonable testing accommodations due to a disability? If so, you must directly contact our office IMMEDIATELY to describe the accommodations you need. This is YOUR responsibility.

Use this space, if needed, to provide additional information regarding Questions 1 – 7: \_\_\_\_\_

### SECTION 3:

**AFFIRMATION:** By signing this application, I affirm under penalties of perjury that all statements made on this application (including any attachments) are true. I understand that all statements made by me in connection with the application are subject to investigation and verification, including that I may be subject to pre-employment drug testing and/or background investigation, and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

X \_\_\_\_\_  
Signature of Applicant Date Signed Print all other names by which you are or have been known

### (CIVIL SERVICE USE ONLY)

\$ \_\_\_\_\_ FEE RECEIVED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  In Person  By Mail  C  MO  V  CK# \_\_\_\_\_ RECEIPT# \_\_\_\_\_

REVIEWED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BY: \_\_\_\_\_  
 APPR  DISAPPR  COND  
REASON: \_\_\_\_\_

REVIEWED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BY: \_\_\_\_\_  
 APPR  DISAPPR  COND  
REASON: \_\_\_\_\_



# CAYUGA COUNTY CIVIL SERVICE APPLICATION

POSITION or EXAM TITLE: \_\_\_\_\_ EXAM NUMBER: \_\_\_\_\_ (if applicable)

APPLICANT'S NAME: \_\_\_\_\_  
Last Name First Name M.I.

### SECTION 4: High School Education

Do you have a High School Diploma?  YES  NO  
HIGH SCHOOL NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
If not, do you have a GED?  YES  NO  
GED # \_\_\_\_\_ NAME OF ISSUING GOVERNMENTAL AUTHORITY \_\_\_\_\_

### SECTION 5: Additional Education

College, University, Professional or Technical School (Print name and address of school)	Semester Credits Received	Type of Degree Received	Major Subject or Type of Course	Did you graduate?	If no degree yet, when do you expect to receive it?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	____ / ____ MO. YR.
				<input type="checkbox"/> YES <input type="checkbox"/> NO	____ / ____ MO. YR.

### SECTION 6: Driver's License

Do you have a current valid New York State Driver's License?  YES  NO License #: \_\_\_\_\_ Expire Date: \_\_\_\_\_  
If yes, indicate class:  A  B  CDL-C  Non-CDLC  D  DJ  E  M  MJ Endorsements:  P (Passenger)  S (School Bus)

### SECTION 7: Certifications or Other Licenses

(Complete this section if a license, certificate, or authorization to practice a trade or profession is required.)

Trade or Profession \_\_\_\_\_ License or Certificate Number \_\_\_\_\_ Issued By: (Name of Licensing Agency, City & State) \_\_\_\_\_  
Are you currently licensed?  YES  NO License or Registration Dates: FROM \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_  
MO. YR. MO. YR.

### SECTION 8:

- YES  NO A. Were you ever dismissed from any employment for reasons **other than** lack of work, lack of funds, disability, or medical condition?
- YES  NO B. Did you ever resign from any employment rather than face dismissal?
- YES  NO C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "honorable" or which was issued under other than honorable circumstances?
- YES  NO D. Have you ever been convicted of a crime (felony or misdemeanor)?
- YES  NO E. Are you now under any charges for any crime?

If you answered YES to any of Questions A-E, give specifics. Attach additional sheets if necessary. \_\_\_\_\_

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

**SECTION 9:  
EMPLOYMENT HISTORY**

You must complete this section, even if you include a resume. To receive credit for employment experience, this section MUST be completed thoroughly. Be sure to include specific dates, hours per week, and earnings. Begin with your most recent employment. Describe in detail any employment that qualifies you for the position. Under DESCRIPTION OF DUTIES, describe the nature of the work you performed, with an estimated percentage of time spent on each type of activity. If you were a supervisor, state how many people you supervised and the nature of the supervision. If volunteer or unpaid experience is allowed for the position, describe it in the same way as paid work, showing its volunteer nature under YOUR EARNINGS.

<b>DATES OF EMPLOYMENT</b> From ____ / ____ MO.   YR. To      ____ / ____ MO.   YR. _____ HOURS PER WEEK (exclusive of overtime)	FIRM NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ TYPE OF BUSINESS _____	YOUR EXACT TITLE _____ NAME OF YOUR SUPERVISOR _____ TITLE OF YOUR SUPERVISOR _____ \$ _____ PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR (check one): YOUR EARNINGS
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DESCRIPTION OF DUTIES:

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<b>DATES OF EMPLOYMENT</b> From ____ / ____ MO.   YR. To      ____ / ____ MO.   YR. _____ HOURS PER WEEK (exclusive of overtime)	FIRM NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ TYPE OF BUSINESS _____	YOUR EXACT TITLE _____ NAME OF YOUR SUPERVISOR _____ TITLE OF YOUR SUPERVISOR _____ \$ _____ PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR (check one): YOUR EARNINGS
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DESCRIPTION OF DUTIES:

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<b>DATES OF EMPLOYMENT</b> From ____ / ____ MO.   YR. To      ____ / ____ MO.   YR. _____ HOURS PER WEEK (exclusive of overtime)	FIRM NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ TYPE OF BUSINESS _____	YOUR EXACT TITLE _____ NAME OF YOUR SUPERVISOR _____ TITLE OF YOUR SUPERVISOR _____ \$ _____ PER <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR (check one): YOUR EARNINGS
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DESCRIPTION OF DUTIES:

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Continued on next page.

**EMPLOYMENT HISTORY (continued)**

<b>DATES OF EMPLOYMENT</b> From ____ / ____ / ____ MO.      YR. To      ____ / ____ / ____ MO.      YR. <hr/> HOURS PER WEEK (exclusive of overtime)	FIRM NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ TYPE OF BUSINESS _____	YOUR EXACT TITLE _____ NAME OF YOUR SUPERVISOR _____ TITLE OF YOUR SUPERVISOR _____ \$ _____ PER _____ YOUR EARNINGS (check one): <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
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**DESCRIPTION OF DUTIES:**

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>DATES OF EMPLOYMENT</b> From ____ / ____ / ____ MO.      YR. To      ____ / ____ / ____ MO.      YR. <hr/> HOURS PER WEEK (exclusive of overtime)	FIRM NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ TYPE OF BUSINESS _____	YOUR EXACT TITLE _____ NAME OF YOUR SUPERVISOR _____ TITLE OF YOUR SUPERVISOR _____ \$ _____ PER _____ YOUR EARNINGS (check one): <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
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**DESCRIPTION OF DUTIES:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>DATES OF EMPLOYMENT</b> From ____ / ____ / ____ MO.      YR. To      ____ / ____ / ____ MO.      YR. <hr/> HOURS PER WEEK (exclusive of overtime)	FIRM NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ TYPE OF BUSINESS _____	YOUR EXACT TITLE _____ NAME OF YOUR SUPERVISOR _____ TITLE OF YOUR SUPERVISOR _____ \$ _____ PER _____ YOUR EARNINGS (check one): <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> YR
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**DESCRIPTION OF DUTIES:**

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Moravia Central School District  
 68 South Main Street  
 PO Box 1189  
 Moravia, New York 13118  
 315-497-2670

Employment Application Attachment  
 School Bus Driver

The Moravia Central School District, according to Title IX of the Educational Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973 does not discriminate on the basis of sex or handicaps in the educational programs or activities it operates.

Name \_\_\_\_\_

**Personal References** – ( list four (4) persons excluding former employers or relatives who can attest as to your character)

Name	Address	Telephone

1. Class of Driver's License \_\_\_\_\_ Expiration date of such license \_\_\_\_\_  
 Motorist Identification Number \_\_\_\_\_

2. How many years have you driven? \_\_\_\_\_ Have you ever had an accident while driving in the past five (5) years which resulted in injuries to yourself or others or resulted in any property damage? \_\_\_\_\_ If yes, describe the extent of the accident(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Have you been convicted of moving traffic violations (reckless driving, speeding, etc. during the past three (3) year? \_\_\_\_\_ If yes, describe:

Date	Charge	Disposition or Fine	Court/Location

4. Have you been convicted of any misdemeanor or felony? \_\_\_\_\_ If yes, describe:

Date	Charge	Disposition or Fine	Court/Location

5. Active driving experience? \_\_\_\_\_ years  
 Bus or Heavy Truck \_\_\_\_\_ years  
 School Bus \_\_\_\_\_ years

6. Do you use intoxicants? \_\_\_\_\_ YES \_\_\_\_\_ NO

7. Do you use any type of unlawful drugs? \_\_\_\_\_ YES \_\_\_\_\_ NO

8. Have you ever had convulsions or periods of unconsciousness? \_\_\_\_\_

9. Have you ever attended an approved school bus driver training course? \_\_\_\_\_

Any other driver training courses? \_\_\_\_\_ If yes, give date, place and duration:

**(OVER)**

**AFFIRMATION:** I affirm under penalties that all statements made on this application (including any attachments) are true. I understand that all statements made by me in connection with the application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

X

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print any other names by which you are or have been known.