



ARTICLE 19-A BUS DRIVER APPLICATION

(Complete all parts of this form. Please print or type. Send original to Bus Driver Unit, keep a copy in your driver 19-A file.)

DRIVER INFORMATION

Form with fields for Driver's Last Name, Street Address, License ID Number, etc.

CARRIER INFORMATION

Form with fields for Carrier/DBA Name, Street Address, Name of Article 19-A Contact Person, etc.

ADDITIONAL DRIVER INFORMATION

Text area for employment, accident, and conviction history with numbered questions.

Table with 3 columns: Employer Name and Address, Date(s) of your employment?, Your job title.

Table with 4 columns: Date of Accident, Location, Was there personal injury or property damage?, What type of vehicle were you driving?

Table with 5 columns: Date of Violation, Location, Date of Conviction, Of what charge were you convicted?, If a vehicle was involved, what type of vehicle were you driving?

DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true. Signature of Driver X _____ Date _____

EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination... Signature of Employer/Agent X _____ Date _____



SUSQUEHANNA VALLEY



CENTRAL SCHOOL DISTRICT
District Administrative Offices

P.O. Box 200

Conklin, New York 13748

FAX # (607) 775-4575

CHARACTER STATEMENT

Drivers of school buses must possess a reputation which is beyond reproach, a good work record, and be of unquestionable moral character. Drivers must also possess the ability to handle large groups of students, to safely operate a heavy bus, and to make important decisions on a moment's notice.

If you feel that _____ can meet the qualifications listed above, and you would recommend him/her for the position of school bus driver, please sign below.

I have known _____ for _____ years.
I feel that he/she has the moral character and the reliability to become a competent, dependable school bus driver.

(Signature)

(Address)

(Date)

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