

WYNANTSKILL UNION FREE SCHOOL DISTRICT
25 EAST AVENUE, TROY, NY 12180
BUSINESS OFFICE PHONE (518) 283-4600 x 14

Bus Driver Employment Application

Date: _____

Name: _____
(Last) (Maiden-Optional) (First) (Middle)

Address: _____
(Number and Street)

(City, State, Zip Code)

Telephone (or other means of contact): _____

◆ POSITION DATA

Position/Type of work desired: _____

Date Available: _____

Have you previously applied to Wynantskill UFSD? Yes No

If yes, when? _____

◆ PERSONAL DATA

Social Security Number: _____

Are you a United States citizen? Yes No

Documents verifying citizenship will be required when you are employed under provisions of the Immigration Reform and Control Act of 1986.

Wynantskill Union Free School District is an equal opportunity employer and, as such, does not discriminate on the grounds of race, color, creed, sex, national origin or handicapping condition.

It is the policy of the Wynantskill Union Free School District to require new employees to pass a physical examination prior to employment and beginning work. The request for such an examination will be made upon the decision to offer employment; the examination will be made by a physician or medical agency selected by the school district and will be done at no cost to the individual. Examination forms will be available in the physician's office.

◆ EDUCATIONAL BACKGROUND

Education:

Schools Attended	Name & Location	Major/Minor	Degree Earned	Grade Average
High School				
College/Technical Schools				

*If not graduated, why did you leave school? _____

Activities (school, community):

List membership(s) in any school and community organizations, including any offices held:

Organization	Offices(s) Held

Military Service: (If you have ever served in the military, complete this section)

Branch	Active duty entry date	Discharge Date	Training or specialty

◆ EMPLOYMENT HISTORY

Employer's name & address	Title/Job Responsibilities	Dates		Reason Left
		From	To	
Supervisor:				
Phone:		Salary		
		Start	Final	

May we contact? Yes No

Employer's name & address	Title/Job Responsibilities	Dates		Reason Left
		From	To	
Supervisor:				
Phone:		Salary		
		Start	Final	

May we contact? Yes No

Employer's name & address	Title/Job Responsibilities	Dates		Reason Left
		From	To	
Supervisor:				
Phone:		Salary		
		Start	Final	

May we contact? Yes No

◆ **Accidents** (Start with your most recent accident, and include accidents within the past three (3) years):

Date of Accident	Location (City, State, Zip Code, County)	Was there personal injury or property damage? If " YES ", indicate the dollar amount of damage to each vehicle, and the number of people injured.	Why type of vehicle were you driving?

◆ **Convictions** (Start with you most recent conviction, and include all criminal convictions):

Date of Violation	Location (City, State, Zip Code, County)	Date of Conviction	What charge were you convicted?	If a vehicle was involved, what type of vehicle were you driving?

◆ REFERENCES

List any friends or relatives working for Wynantskill Union Free School District.

Name	Relationship	Position, if known

List personal references, not former employees or relatives.

Name	Address	Phone

Tell us About Yourself:

Is there anything else about you that we should know which would help judge your suitability for a position with us?

(Your signature)