

**CLIFTON-FINE CENTRAL SCHOOL DISTRICT**  
**P.O. Box 75, 11 Hall Avenue**  
**Star Lake, New York 13690**

**APPLICATION FOR POSITION OF REGULAR OR SUBSTITUTE BUS DRIVER**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_ Phone \_\_\_\_\_

Last Address \_\_\_\_\_

Are you between the ages of 18 and 65? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use intoxicants? Frequently \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

Do you use drugs? Frequently \_\_\_\_\_ Seldom \_\_\_\_\_ Never \_\_\_\_\_

Have you ever had any convulsions or periods of unconsciousness? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

List employment, in consecutive order for the past three years.

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

Class of drivers license \_\_\_\_\_ Expiration date of such license \_\_\_\_\_

Motorist Identification No. \_\_\_\_\_

State of Issuance \_\_\_\_\_ Have you ever had an accident while driving the past five years which resulted in injuries to yourself or to others? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe extent of accident or accidents.

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

Have you been convicted of moving traffic violations (reckless driving, speeding, etc.) or of any criminal act during the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes give:

| <u>Date</u> | <u>Charge</u> | <u>Court and Location</u> |
|-------------|---------------|---------------------------|
| _____       | _____         | _____                     |
| _____       | _____         | _____                     |

Active driving experience: \_\_\_\_\_ Years Passenger bus or heavy truck: \_\_\_\_\_ Years

Light truck or station wagon: \_\_\_\_\_ Years

§Have you ever attended a Bus Driver Training course?\_\_\_\_\_ (Yes or No) Other such courses\_\_\_\_\_ (Yes or No). If yes, give date, place and duration of each kind of course.

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Did you receive a certificate? \_\_\_\_\_(Yes or No)

§Please attach at least three (3) statements from three different persons who are not related to you by either blood or marriage pertaining to your moral character and reliability.

I believe the answers to the above questions are true.

Applicant's Signature:\_\_\_\_\_ Date:\_\_\_\_\_

The Clifton-Fine Central School does not discriminate based on age, color, creed, disability, marital status, veteran status, national origin, race or sex in the educational programs and activities which it operates or the employment of any person in such programs.

§I have reviewed the above application, the three character statements and the report of the physician pertaining to the above-named applicant for the position of bus driver, for Clifton-Fine Central School, Town of Fine, County of St. Lawrence. I hereby approve his/her employment.

Superintendent of Schools:\_\_\_\_\_ Date: \_\_\_\_\_

**§Denotes State Education Department requirements.**

Date \_\_\_\_\_

Superintendent  
Clifton-Fine Central School District  
PO Box 75  
Star Lake, NY 13690

Dear Superintendent:

This is a letter of reference for \_\_\_\_\_.

I hereby affirm that to the best of my knowledge, this applicant is of good moral character, a reliable person, and that I am not related to this person by blood or by marriage.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

Date \_\_\_\_\_

Superintendent  
Clifton-Fine Central School District  
PO Box 75  
Star Lake, NY 13690

Dear Superintendent:

This is a letter of reference for \_\_\_\_\_.

I hereby affirm that to the best of my knowledge, this applicant is of good moral character, a reliable person, and that I am not related to this person by blood or by marriage.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

Date \_\_\_\_\_

Superintendent  
Clifton-Fine Central School District  
PO Box 75  
Star Lake, NY 13690

Dear Superintendent:

This is a letter of reference for \_\_\_\_\_.

I hereby affirm that to the best of my knowledge, this applicant is of good moral character, a reliable person, and that I am not related to this person by blood or by marriage.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date