



SCHOOL DISTRICT OF NEW LONDON

901 West Washington Street
New London, WI 54961



Transportation Department
906 West Wolf River Avenue
New London, WI 54961
(920) 982-8543

School Bus Driver's Application for Employment

(ANSWER ALL QUESTIONS)

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, or non-job related disability.

Date of application _____

Full Name _____

Social Security No. _____ Phone _____

Email address _____

List your addresses for any residence for the past 3 years.

Current Address _____ Street _____ City _____ State & Zip _____ How long? _____

Previous Addresses _____ Street _____ City _____ State & Zip Code _____ How long? _____

_____ Street _____ City _____ State & Zip Code _____ How long? _____

_____ Street _____ City _____ State & Zip Code _____ How long? _____

Do you have the legal right to live in the United States? Yes No

Have you worked for this district before? Yes No

If Yes, where? _____

Dates Employed _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you may not be able to perform any portion of the job for which you have applied?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

Please list current and previous employers. Use separate sheet if more space is required.

Current employer:

Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ to _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements for 49 CFR Part 40? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

Previous employer:

Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ to _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements for 49 CFR Part 40? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

Previous employer:

Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ to _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements for 49 CFR Part 40? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

Previous employer:

Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ to _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements for 49 CFR Part 40? Yes No

ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

**Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

In addition to the above-listed employers, have you ever been employed as a driver in any capacity? Yes No
If yes, please list employer information:

Employer:

Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ to _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements for 49 CFR Part 40? Yes No

Employer:

Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ to _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements for 49 CFR Part 40? Yes No

ACCIDENT RECORD FOR PAST 5 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED). IF NONE, WRITE NONE.

| | DATES | NATURE OF ACCIDENT (HEAD-ON, REAR END, SIDE SWIPE, ETC.) | FATALITIES | INJURIES |
|---------------|-------|---|------------|----------|
| LAST ACCIDENT | | | | |
| NEXT PREVIOUS | | | | |
| NEXT PREVIOUS | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS). IF NONE, WRITE NONE.

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

HIGHEST HIGH SCHOOL GRADE COMPLETED: _____

HIGHEST COLLEGE YEAR COMPLETED: _____

EXPERIENCE AND QUALIFICATIONS OF DRIVER

| | STATE | LICENSE NO. | TYPE/CLASS | EXPIRATION DATE |
|--------------------|-------|-------------|------------|-----------------|
| DRIVER LICENSES | | | | |
| | | | | |
| | | | | |

A. Have you ever been denied a license or permit to operate a motor vehicle? Yes No

B. Has your license or permit ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER A OR B IS YES, PLEASE EXPLAIN IN DETAIL: _____

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES | | APPROX. NO. OF MILES (TOTAL) |
|-----------------------|--|-------|----|---------------------------------|
| | | FROM | TO | |
| STRAIGHT TRUCK | | | | |
| TRACTOR/SEMI TRAILER | | | | |
| TRACTOR/TWO TRAILERS | | | | |
| MOTORCOACH/SCHOOL BUS | | | | |
| OTHER | | | | |

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

WHAT SPECIAL COURSES OR TRAINING HAVE YOU HAD AS A DRIVER? _____

DO YOU HOLD ANY SAFE DRIVING AWARDS? Yes No IF YES, FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

LIST ANY BUS, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS DISTRICT.

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU HAVE WORKED WITH (OTHER THAN THOSE ALREADY SHOWN)

REFERENCES

| NAME | TELEPHONE WITH AREA CODE | YEARS KNOWN |
|------|--------------------------|-------------|
| | | |
| | | |
| | | |

BACKGROUND

Will you allow the School District of New London to do the following:

A criminal check? Yes No

A driver abstract check? Yes No

A drug screen and physical? Yes No

Are you currently taking any medication that would cause you to fail a physical examination (i.e., high blood pressure, diabetes, epilepsy)? Yes No

Have you ever been convicted of any of the following:

Driving under the influence of alcohol? Yes No

Using, possessing, distributing, selling, or being under the influence of an illegal drug? Yes No

Have you ever:

Been convicted of any moral charge? Yes No

Been convicted of any felony charge? Yes No

Tested positive or refused any pre-employment or random drug or alcohol test? Yes No

If you answered "Yes" to any of the above questions, please explain when and why the incident occurred.

TO BE READ AND SIGNED BY APPLICANT

If give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporations organizations for furnishing such information.

This application is currently for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Dated: _____

Applicant's Signature