

# Bus Driver Application for Employment

**Note to Applicant:** Please advise us in advance if you need any type of special accommodation to complete this Application for Employment form or to take any pre-employment test.

Qualified applicants are considered for all positions without regard to age, sex, race, color religion, national origin, sexual orientation, disability, marital, or veteran status.

As a matter of policy, AOBI consistently checks reference information, both educational and employment, of all final candidates. For this reason, it is essential that all information requested be accurate and complete.

**Instructions:** Please type or print in black ink. Be sure to answer all questions. If any question does not apply to you, answer with "No", "Not Applicable", or "N/A".

<b>PERSONAL INFORMATION</b>					
Last Name	First	Middle	Social Security Number:		
Present Address - Street		City	State	Zip Code	How long?
Street address for previous 3 years		City	State	Zip Code	How long?
Additional Previous Address, if applicable:		City	State	Zip Code	How long?
Telephone Numbers:		Home (    )	Message (    )		
		Work (    )	Cell (    )		
Have you ever been fired or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, explain:		
Have you ever been convicted of a felony? (Note: a felony conviction is not an absolute bar to employment) <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, explain:		
Name of Person to be Notified in Case of Emergency:			Phone numbers: Home: (    )		
			Cell: (    ) Work: (    )		

EXPERIENCE AND QUALIFICATIONS - DRIVER				
	State	License Number	Type	Expiration Date
<b>DRIVER LICENSES</b>				

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

B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

C. Have you been disqualified due to *section 391* of the Federal Motor Carrier Safety Regulation?  Yes  No

D. Have you in the past two (2) years failed or refused a DOT-mandated pre-employment test(s)?  Yes  No

**IF THE ANSWER TO A, B, C, OR D IS YES, ATTACH STATEMENT GIVING DETAILS.**

DRIVING EXPERIENCE					
	Class of Equipment	Type of Equipment (Van Tank, Flat, etc.)	DATES		Approximate Number of Miles (total)
			From	To	
Straight Truck					
Auto or Van					
Bus					
Other					

ACCIDENT REVIEW FOR PAST THREE YEARS (Attach additional sheet if more space is needed)				
	Date	Nature of Accident (Head-on, rear end, upset, etc.)	Fatalities	Injuries
Last Accident:				
Next Previous:				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (Other than parking violations)			
Location	Date	Charge	Penalty

EMPLOYMENT HISTORY			
All employment for the previous ten (10) years must be covered below, including jobs held while in school or in the military. <b>Record your present or last position first, and list back in chronological order.</b> Be sure to complete all questions for each job. Ask for additional form(s) if necessary. Please explain all periods of unemployment.			
Employer Name / Address:	DATES EMPLOYED (MO/YR)		SALARY
	From:	To:	Starting: Leaving:
Supervisors name, title and phone number:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) held - briefly explain your duties, responsibilities, and number of people supervised:			
Reason for Leaving:			

Employer Name / Address:	DATES EMPLOYED (MO/YR)		SALARY	
	From:	To:	Starting:	Leaving:
Supervisors name, title and phone number:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position(s) held - briefly explain your duties, responsibilities, and number of people supervised:				
Reason for Leaving:				
Employer Name / Address:	DATES EMPLOYED (MO/YR)		SALARY	
	From:	To:	Starting:	Leaving:
Supervisors name, title and phone number:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position(s) held - briefly explain your duties, responsibilities, and number of people supervised:				
Reason for Leaving:				
Employer Name / Address:	DATES EMPLOYED (MO/YR)		SALARY	
	From:	To:	Starting:	Leaving:
Supervisors name, title and phone number:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position(s) held - briefly explain your duties, responsibilities, and number of people supervised:				
Reason for Leaving:				
Employer Name / Address:	DATES EMPLOYED (MO/YR)		SALARY	
	From:	To:	Starting:	Leaving:
Supervisors name, title and phone number:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position(s) held - briefly explain your duties, responsibilities, and number of people supervised:				
Reason for Leaving:				

## APPLICANT' STATEMENT

I certify that all statements made on this Application for Employment and in any subsequently executed medical questionnaire or any other employment documents are true and correct. I understand that any false information that I give may result in termination of my candidacy or any subsequent employment.

If an employee relationship is established, I understand that such employment is terminable at will, by either myself or AOBI, at any time, for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for a specific duration. In addition, I understand that no one is authorized to make oral exceptions to this policy, and written exceptions are permitted only when signed by the President of the School Board.

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may conduct background evaluations including, but not limited to, criminal history checks from Federal, State or local authorities to ascertain any and all information of concern, whether same is of record or not, and I hereby expressly authorize such inquires and release all employers and persons named herein from all liability for any damages on account of their furnishing such information.

I authorize the Company and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the Company and its agents may obtain information including, but not limited to, Department of Transportation (DOT) mandated Pre-employment, refusals to test, alcohol tests of  $>.04$ , other violations of the DOT alcohol and drug rules, and return to duty and follow-up testing compliance, as applicable, and I hereby expressly authorize such inquires and release all employers and persons names herein from all liability for any damages on account of their furnishing such information. I acknowledge that any offer of employment is conditioned upon my taking a drug screen and the Company's receipt of satisfactory results of such a test, and, if necessary to determine ability to perform essential duties of the position offered, the results of a physical examination.

I certify that I have read, understand and agree to the above.

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: this Application for Employment will be considered active for 90 calendar days.  
After 90 calendar days, you must reapply for available positions.**

**Note: A drug-screening test is required for employment.**

**An Equal Opportunity Employer That Values Diversity**