



Quality Bus Service, LLC

504 Route 42
Sparrowbush, NY 12780
(845) 858-2150

25 Cannon Hill Drive
New Hampton, NY 10958
(845) 374-3611

Application for Employment

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

A DRUG-SCREENING TEST IS REQUIRED FOR EMPLOYMENT

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

Date: _____

Position Applied for	On what date will you be available if your application for employment is accepted?
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Applicant Information

Name: Last	First	Middle	Social Security Number
Present Address- Street	City	State	Zip Code
Telephone Number and Area Code	Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status?		
Home ()	Cell ()		
Have you ever been fired or asked to resign by an employer?	If yes, explain.		
Have you ever been convicted of a criminal violation?	If yes, explain.		

* Note: A criminal conviction is not an absolute bar to employment

Educational Background

Name and Location of School or College	
Elementary and Junior High School	
High School and/or G.E.D.	
College	
Trade, Business, Correspondence or Graduate School	

Employment History

Record your present or most recent position first and list back in chronological order.

Please explain all periods of unemployment.

<u>Employer Name and Address:</u>	<u>Dates Employed:</u> From: _____ To: _____
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<u>Supervisor's Name, Title and Phone Number:</u>	<u>Salary:</u> Starting: _____ Leaving: _____
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May we contact? _____	Reason for leaving: _____
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Positions held- Briefly explain your duties, responsibilities, and number or people supervised:

<u>Employer Name and Address:</u>	<u>Dates Employed:</u> From: _____ To: _____
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<u>Supervisor's Name, Title and Phone Number:</u>	<u>Salary:</u> Starting: _____ Leaving: _____
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May we contact? _____	Reason for leaving: _____
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Positions held- Briefly explain your duties, responsibilities, and number or people supervised:

<u>Employer Name and Address:</u>	<u>Dates Employed:</u> From: _____ To: _____
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<u>Supervisor's Name, Title and Phone Number:</u>	<u>Salary:</u> Starting: _____ Leaving: _____
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May we contact? _____	Reason for leaving: _____
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Positions held- Briefly explain your duties, responsibilities, and number or people supervised:

<u>Employer Name and Address:</u>	<u>Dates Employed:</u> From: _____ To: _____
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<u>Supervisor's Name, Title and Phone Number:</u>	<u>Salary:</u> Starting: _____ Leaving: _____
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May we contact? _____	Reason for leaving: _____
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Positions held- Briefly explain your duties, responsibilities, and number or people supervised:

Additional Experience

What experience have you had working with or supervising children? Explain.

Have you ever driven a bus? _____	Dates: _____
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If yes, For what company or school district?

Accident Review for Past 5 Years

	Date	Nature of Accident (Head-on, Rear End, Upset, ETC.)	Fatalities	Injuries
Most Recent				
Previous				
Previous				

Traffic Convictions and Forfeitures for the Past 5 Years (Other than parking violations)

Location	Date	Charge	Penalty

Activities

List current membership in civic, professional, social, or other organizations.*

List sports, hobbies, or other interests.*

* Exclude those that indicate race, color, sex, age, national origin, religious preference, or marital status.

Summary of Qualifications

This space is provided for you to briefly summarize any additional qualifications you believe are important in considering your application for employment.

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Applicant's 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.

I authorize Quality Bus Service, LLC and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that Quality Bus Service, LLC 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 inquiries and release all employers and persons named 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 Quality Bus Service, LLC'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.

Applicant's Signature:

Date:

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Motor Vehicle Review Consent Form

I understand that I am required to maintain a valid commercial driver's license.

Additionally, I grant Quality Bus Service, LLC the right to review my motor vehicle driving record at any time.

Finally, such record can be forwarded and reviewed by New York State Department of Motor Vehicle personnel, school district personnel for the districts which I drive, other Quality Bus Service customers, and the insurance carrier(s) for Quality Bus Service, LLC.

Motorist Identification Number : _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Employee Name: _____
Print

Employee Signature: _____
Sign

Today's Date: _____ / _____ / _____

This Form is to be Completed by School Bus Driver Applicants Only