

**LYME CENTRAL SCHOOL DISTRICT**  
**BUS DRIVER EMPLOYMENT APPLICATION**

*Karen M. Donahue*  
*Superintendent*  
*P.O. Box 219*  
*Chaumont, New York 13622-0219*

**PERSONAL INFORMATION:**

Name:	Former Name(s):
Social Security #:	
Mailing Address:	Email address:
Home Phone:	
Work Phone:	
Are you a citizen of the United States?    Yes _____    No _____	
Do you have any health condition that would impair your ability to perform the functions of the position for which you are applying?    Yes _____    No _____	
If yes, please explain:	
CLASS OF DRIVER'S LICENSE _____/Expiration Date _____ Motorist ID # _____ (Attach copy of license)	
How many years have you driven? _____ Have you ever had an accident while driving in the past five years, which resulted in injuries to yourself or others? _____ Yes _____ No if yes, describe extent of accident or accidents _____	
Have you been charged with moving traffic violations (reckless driving, speeding, etc.) or with any criminal act? If yes, give:	
Date	Charge
Disposition	Court & Location
Active Driving Experience (years): _____ School Bus _____ Passenger Bus or Heavy Truck _____ Light Truck or Station Wagon	
Have you ever attended an approved School Bus Driver Training Course? _____ Yes _____ No	
If yes, give date, place, and duration of each kind of course:	
Did you receive a certificate? _____ Yes _____ No	

## EMPLOYMENT HISTORY

Employer	From – To	Position	Supervisor	Reason for Leaving

## EDUCATION

School Name & Location	Course of Study	Diploma/Degree or Grade Completed

**Attach to this application form at least three (3) statements from three (3) different persons who are not related to you either by blood or marriage, pertaining to your moral character and reliability.**

### APPLICANT'S STATEMENT

I understand that Lyme Central School will thoroughly investigate my work and personal history, and verify all data given on this application, on related papers, and in interviews.  
I authorize all individuals, schools, and employers mentioned therein to provide any information requested about me, and I release them from all liability or damage for providing this information.  
The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract until the applicant's appointment is approved by the Lyme Central School Board of Education.  
I certify that all statements herein are true, and understand that any falsifications or willful omissions shall be just cause for dismissal or refusal of employment.

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

### EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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 school bus driver.

I hereby approve his/her employment.

\_\_\_\_\_  
Date Superintendent