



Monroe School Transportation

Qualification for Bus Driver

1. At least 21 years of age
2. Submit 3 character references
3. Posses a valid CDL license with passenger endorsement
4. Have a clean driving record
5. Must have had a valid driver's license for at least 3 years.
6. Pass physical examination
7. Take and pass a drug and alcohol test and adhere to all drug/alcohol testing regulations
8. Pass a physical performance test
9. Be fingerprinted for criminal background check.
(You will be considered a provisional employee until satisfactory result of criminal background investigation is received)
10. Attend a 5 hour pre-service
11. Attend 2 Refresher Course. One (1) before the school year starts, (1) before February 1, the following year.
12. Complete a Basic Drivers Course (30 hours) within one year of service

A driver is responsible for the safe and efficient transportation of children on regular assigned routes. He/She must use good judgment in the care of children and follow the directives set forth by New York State Commissioner of Education, the Dept. of Transportation, The New York State Department of Motor Vehicles and Monroe School Transportation, Inc. policies.

Specific Duties

1. Transport children to and from school, field trips, athletic events, etc.
2. Complete a pre-trip and post trip of his vehicle a.m. & p.m. each day
3. Keep required daily records
4. Maintain a clean, neat and orderly bus
5. Provide for the safety of the students at all times
6. Adhere to schedules at all times
7. Set a desirable standard of courtesy and orderliness for the students to follow
8. Keep a good appearance
9. Assist a new driver to make a correct start
10. Assign seats when necessary
11. Think of the job as that of guardian of life
12. Observe carefully all laws, traffic regulations and rules of the road
 - a. Speed limits/Stop signs/Yield signs
 - b. Proper use of the directional signals and courteous attitude toward the general public
13. Keep route sheets up to date to assist substitute drivers
14. Responsible for students being picked up and dropped off at assigned stops only, and assigned times.
15. Responsible for all students to be inside their homes before leaving the stop
16. Driver must wear picture ID at all times
17. Driver must remain on the clock and available to work until scheduled punch out time



New York State Department of Motor Vehicles
ARTICLE 19-A BUS DRIVER APPLICATION

DS-870 (11/08)

(Complete all parts of this form. Please print or type.
 Send original to Bus Driver Unit, keep a copy in your driver 19-A file.)

DRIVER INFORMATION							
Driver's Last Name		First	M.I.	Date of Birth (Month/Day/Year)		Social Security Number	
						<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address			City	State	Zip Code	County	Telephone Number
Client/License ID Number (from Driver License)				State	Class of Driver's License	Endorsements	Restrictions
							Expiration Date

CARRIER INFORMATION							
Carrier/DBA Name			Legal Name (if different)			Federal ID Number	19-A Business ID Number
Monroe School Trans., Inc.						161224103	21889
Street Address			City	State	Zip Code	County	Telephone Number
970 Emerson Street			Rochester	NY	14606	Monroe	(585) 458-3230
Name of Article 19-A Contact Person				Title		Is this employer/carrier a school bus carrier?	
Linda Woodward				19-A Examiner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL DRIVER INFORMATION
 Provide your employment, accident, and conviction history and answer the questions below. If necessary, attach additional pages.

1. Have you qualified as a school bus driver under ARTICLE 19-A? Yes No If "yes", give month and year of qualification _____

2. Are you a certified ARTICLE 19-A examiner? Yes No
 If "yes", give certificate number _____ and expiration date _____.

EMPLOYMENT (Start with your most recent employment, and include work history for the past 3 years):		What were the date(s) of your employment? (From - To)	Your job title
Employer Name and Address			

ACCIDENTS (Start with your most recent accident, and include accidents within the past 3 years):			
Date of Accident	Location (City, State, Zip Code, County)	Was there personal injury or property damage? If "YES", indicate the dollar amount of damage to each vehicle, and the number of people injured.	What type of vehicle were you driving?

CONVICTIONS (Start with your most recent conviction, and include all criminal convictions):				
Date of Violation	Location (City, State, Zip Code, County)	Date of Conviction	Of what charge were you convicted?	If a vehicle was involved, what type of vehicle were you driving?

DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true.

Signature of Driver _____ Date _____

EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination (form DS-874 or USDOT form 649-F or equivalent) and the applicant is hereby classified as a "conditional driver" as defined in Section 6.2(r) and in accordance with the requirements of Sections 6.3 and 6.4 of the regulations of the Commissioner of Motor Vehicles. Final approval of employment is subject to the applicant meeting the requirements of Article 19-A of the New York State Vehicle and Traffic Law. All questions pertaining to this form and/or the Article 19-A Program should be directed to: New York State Department of Motor Vehicles, Bus Driver Unit, 6 Empire State Plaza, Rm 220C, Albany NY 12228, (518) 473-9455.

Signature of Employer/Agent _____ Date _____

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____ / ____ / ____

Name _____ Social Security # _____
 Last First Middle

Address _____
 Street City State Zip Code

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

Date of Birth: ____ / ____ / ____ (Required by NYSED)

Have you ever been employed here before? If YES, give dates and positions _____ Yes No

Are you legally eligible for employment in this country? _____ Yes No

Date available for work ____ / ____ / ____ What is your desired salary range? _____ \$ _____

Type of employment desired: Part Time This is only a part time job. 20 hours a week

Driver's license number if driving may be required in position for which you are applying _____ State _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____ Yes No

If yes, please provide the date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed: Month / Year to Month / Year
Street Address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

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Street Address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?		Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
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Why did you leave?		Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Skills and Qualifications

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills(Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years: _____ E-mail _____ Years: _____

Spreadsheet _____ Years: _____ Internet _____ Years: _____

Presentation _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (through City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ YES _____ NO

I certified that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

MONROE SCHOOL TRANSPORTATION INC.

PRE - EMPLOYMENT STATEMENT

(PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW)

1. Any offer employment I may receive from Monroe School Transportation is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical exam at any time at the company's request. I hereby consent to having the results of any pre-employment or post-employment medical exams I may be required to take disclosed to Monroe School Transportation.
2. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Monroe School Transportation. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Monroe School Transportation. I further understand that my failure to successfully pass any alcohol and/or drug screening during my employment or violation of the prohibition of the use of alcohol and/or prohibited and/or illegal drugs while working in the course of employment may result in my termination.
3. In processing my application for employment, the company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
4. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damage arising from furnishing the requested information.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the company and understand that my employment can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the President, General Counsel, or Vice President, has any authority to enter into any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and one of the individuals designated above.

Signature

____/____/____
Date

**MONROE SCHOOL TRANSPORTATION INC.
PRE – EMPLOYMENT
TRAINING COURSE QUESTIONNAIRE**

NAME: _____

DATE: _____

POSITION: DRIVER

1. Have you ever been employed as a school bus driver for any company or school district?

YES NO

- A. If Yes = Name of Company or School District: _____
B. If Yes = Date first hired as a school bus driver at above company/school district: _____

2. Did you complete the 30 Hours Basic Bus Driver Course?

YES NO

- A. If Yes = Date course complete: _____
B. If Yes = Attach copy of course certificate

Applicant Signature: _____

