



# Portersville Christian School

343 East Portersville Road Portersville, PA 16051

Phone: 724-368-8787 Email: transportation@ourpcs.org

## Bus Driver Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  

Last
First
M.I.

Address: \_\_\_\_\_  

Street Address
Apartment/Unit #

\_\_\_\_\_  

City
State
ZIP Code

**Previous 3 Years Residency (attach separate sheet if more space is needed.)**

Address: \_\_\_\_\_  

Street Address
Apartment/Unit #

\_\_\_\_\_  

City
State
ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Positions Applied for:    Route Driver     Substitute Driver     Game / Field Trip Driver

Are you a citizen of the United States?    YES  NO     If no, are you authorized to work in the U.S.?    YES  NO

Do you have any impairment that could interfere with the duties of a school bus driver?    YES  NO     If yes, explain? \_\_\_\_\_

Have you ever been convicted of a felony?    YES  NO

If yes, explain: \_\_\_\_\_

### License Information

No person who operates a commercial motor vehicle shall not at any time have more than one driver's license (49 CRF 383.21) I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include licenses held for the past 3 years; attach additional sheets if needed.

State	License #	Type / Class	Endorsements	Expiration Date
Previously Held Licenses				

### Accident Record For The Past 3 Years

Attach additional sheet if needed. Check this box if none.

Dates	Nature of Accident	# Fatalities	# Injuries

### Traffic Convictions and Forfeitures For The Past 3 Years (other than parking violations)

Attach additional sheet if needed. Check this box if none.

Date Convicted	Violation	State of Violation	Penalty (points, lost license ...)

Have you ever been denied a license, permit, or a privilege to operate a motor vehicle?  YES  NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked?  YES  NO

If yes, explain

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  YES  NO

Was the job designated as a safety-sensitive function in any Department of Transportation regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  YES  NO

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Education**

School	Name & Location	Course of Study	Years Completed	Graduate Y N
High School				
College				
Other				

**References**

Please list two (2) references. (Not family related)

Name	Phone Number	Nature of Relationship	Years known

**Spiritual Background**

Church Affiliation: \_\_\_\_\_ Are you a member? YES  NO

Please give a brief description of your Christian testimony and experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Statement of Terms: Employment is for the nine-month school term and is subject to renewal with no guarantee of rehire or run assignment. Full time drivers will be offered a contract by June 15<sup>th</sup> for the upcoming school year. The school reserves the right to dismiss drivers for violations of their contract or safety violations in their driving practices. Transportation Policies must be adhered to at all times.

I understand that the information provided by me may be checked and previous employers and references may be contacted for the purpose of investigating my background, character and fitness. This certifies that this application was completed by me, that all entries on it and information on it are true and complete to the best of my knowledge. Should my application be accepted, I agree to be bound by the Constitution, By-laws and Policies of the Portersville Christian School and to refrain from unscriptural conduct in the performance of my services on behalf of the school.

I authorize the employer to conduct a criminal history check and to investigate all written information contained on this application.

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