

**GRAND ISLAND CENTRAL SCHOOL DISTRICT
1100 RANSOM ROAD
GRAND ISLAND, NEW YORK 14072**

APPLICATION FOR CLASSIFIED POSITION

Date: _____

Name: _____
(Last) (First) (Middle) (Other name used in the past)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____
(Permanent) (Alternate) (Permanent e-mail address)

If member of NYS Employees' Retirement System, furnish #

POSITION PREFERENCE	Interested In (check all that apply):		
	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Substitute
<input type="checkbox"/> Clerical		<input type="checkbox"/> Cleaner	
<input type="checkbox"/> School Monitor		<input type="checkbox"/> Custodian	
<input type="checkbox"/> Teacher Aide		<input type="checkbox"/> Bus Driver	
<input type="checkbox"/> Food Service		<input type="checkbox"/> Auto Mechanic	
<input type="checkbox"/> Maintenance Worker		<input type="checkbox"/> Computer Technician	
<input type="checkbox"/> Other: _____			

Grand Island Central School District is an equal opportunity employer and does not discriminate on the basis of age, race, creed, color, religion, national origin, sex, disability, marital status, sexual orientation, or status as a disabled or Vietnam Era Veteran (unless a bona fide occupation qualification applies).

PERSONAL BACKGROUND HISTORY

YES NO

1. Can you meet the job description requirements with or without reasonable accommodations? YES NO
- 2 a. Have you ever pleaded guilty to or been convicted of a crime, excluding minor traffic violations and summary offenses? YES NO
If yes, describe in full _____
- b. If yes, have you been issued a certificate of relief from disability? YES NO

- YES NO
- c. Are any criminal charges or proceedings pending against you?
If yes, please explain on a separate sheet.
- 3 a. Are you a citizen of the United States?
- b. If you are not a United States citizen, do you have the legal right to remain permanently in the United States?
- 4 a. Were you previously employed by us?
- b. If yes, provide details including job title, date of employments, and reason for leaving. _ _
- 5 a. Have you been terminated from any employment?
- b. Have you ever resigned from any employment to avoid discharge or any other disciplinary action?
- c. If you answered yes to either of the above questions, please explain on a separate sheet.
- 6 a. Have you ever served in the US Armed Forces?
- If yes, what branch? _ _ _ _ _
- Dates of duty: From _ _ _ _ _ To: _ _ _ _ _
- b. Did you receive a dishonorable discharge?
(If yes, please explain on a separate sheet. A dishonorable discharge is not an absolute bar to employment; other factors will affect the final employment decision.)

EDUCATION

NAME AND CITY/STATE			
ELEMENTARY	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	
	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE?	
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE	MAJOR/MINOR	GPA	DIPLOMA
GRADUATE SCHOOL			

EMPLOYMENT (LIST ALL EMPLOYERS BEGINNING WITH THE MOST RECENT FIRST)

NAME:	DATES FROM/TO:
ADDRESS:	NAME OF SUPERVISOR:
	SALARY:
PHONE:	REASON FOR LEAVING:
DUTIES:	

NAME:	DATES FROM/TO:
ADDRESS:	NAME OF SUPERVISOR:
	SALARY:
PHONE:	REASON FOR LEAVING:
DUTIES:	

NAME:	DATES FROM/TO:
ADDRESS:	NAME OF SUPERVISOR:
	SALARY:
PHONE:	REASON FOR LEAVING:
DUTIES:	

NAME:	DATES FROM/TO:
ADDRESS:	NAME OF SUPERVISOR:
	SALARY:
PHONE:	REASON FOR LEAVING:
DUTIES:	

May we contact the employers listed above? If not, please state which employer(s) you do not wish us to contact _____

PERSONAL REFERENCES (LIST INDIVIDUALS WHO WOULD BE WILLING TO PROVIDE CHARACTER REFERENCES, NOT FORMER EMPLOYERS OR RELATIVES)

NAME:	PHONE:
ADDRESS:	

NAME:	PHONE:
ADDRESS:	

NAME:	PHONE:
ADDRESS:	

APPLICANT CONSENT TO INVESTIGATE AND DISCLOSE DATA

I, _____ (print name), hereby grant permission to the Grand Island Central School District, to contact and investigate my former and current employers, and all other pertinent parties, including but not limited to educational institutions where I enrolled, to fully investigate my background.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving record, previous employers and educational institutions, personal references, professional information, and without limitations hereby releases the school district and the reference source from any liability in connection with its release or use.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when it is discovered, may result in the refusal of employment, or if I have already been employed, constitute cause for my immediate termination. References and personal information which became part of this record are to be regarded as confidential and will not be revealed to me.

I hereby indemnify, release and forever discharge and hold the Grand Island Central School District and its officers, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

If requested by the District in connection with its application, I will take a physical examination. I agree that the examining authority may disclose the findings of these examinations to the District and that my initial employment is conditioned upon meeting the requirements of that examination as established by the District.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.

In the event that I am employed, I agree to conform to the district rules and regulations.

Pursuant to New York State Law, I agree to sign any additional forms of consent and/or to undergo any additional procedures required by either the District, NYSED, NYS DCJS or the FBI to effectuate a criminal record background check. I also understand that I must forward two (2) copies of my fingerprints.

This employment application will be valid only for six (6) months from the date that it is completed.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

Date: _ _ _ _ _



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

DS-870 (11/00)

(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	
Street Address		City	State	Zip Code	County	Telephone Number	
Name of Article 19-A Contact Person			Title		Is this employer/carrier a school bus carrier? <input 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 _____

NEW YORK STATE DEPARTMENT OF TRANSPORTATION 9-A AFFIDAVIT

GRAND ISLAND CENTRAL SCHOOL DISTRICT
TRANSPORTATION CENTER

2451 Baseline Road
Grand Island, New York 14072-1667

It is certified that the undersigned is not employed by any person or corporation (including self-employment) other than the above named employer to whom all time spent driving and on duty during the period indicated below has been truthfully reported.

If the undersigned does change this status and becomes employed by any other person or corporation (or self-employed) and during the course of such employment or self-employment the driving of a motor vehicle is required, he agrees and represents that such fact and the hours required to be on duty, whether driving or not, will be reported to the above named employer no later than the following business day.

The period covered by this certification is:

DATE: _____ TO DATE: _____

The foregoing statements are affirmed by the undersigned to be true, under penalty of perjury.

THE MAKING OF A FALSE STATEMENT HEREIN IS PUNISHABLE BY LAW AS A CLASS A MISDEMEANOR (PENAL LAW, SECTION 210.45)

Place signed: Grand Island Central School District, Transportation Center
2451 Baseline Road, Grand Island, New York 14072-1667

DATE SIGNED: _____

(signed) _____

(Name printed or typed)

Driver's License No. & State