

APPLICATION FOR POSITION OF REGULAR OR SUBSTITUTE DRIVER

**BROADALBIN-PERTH CENTRAL SCHOOL DISTRICT
20 PINE STREET
BROADALBIN, NEW YORK 12025**

NAME _____ S.S. NO. _____

ADDRESS _____ PHONE _____

PREVIOUS ADDRESS _____

1. Class of driver's license _____ Expiration Date _____

Motorist Identification No. _____

State of Insurance _____

2. How many years have you driven? _____ Have you ever had an accident while driving the past five (5) years which resulted in injuries to yourself or others? _____ YES _____ NO

DETAILS: _____

3. Have you ever been convicted of moving traffic violations (reckless driving, etc.) or of any criminal act during the past five (5) years? _____ YES _____ NO If YES, give:

DATE	CHARGE	COURT & LOCATION
_____	_____	_____
_____	_____	_____

4. Active driving experience: _____ YEARS

Passenger bus or heavy truck: _____ YEARS

Company & address: _____

5. Are you presently employed? _____ YES _____ NO If YES, where?

6. List employment, in consecutive order, for the past ten (10) years.

7. Have you ever attended a Bus Driver Training Course. _____ YES _____ NO
If YES, give date, place and duration of each kind of course.

8. Attach with this application three (3) letters of reference commenting on your moral character, reliability and ability to do the job. These letters should not be from relatives.

TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ANSWERS TO THE ABOVE QUESTIONS ARE TRUE.

Date

Signature of Applicant

If you knowingly make a false statement in this application, you commit a misdemeanor.

CERTIFICATION

I have reviewed the above application, the three references, and the report of the physician pertaining to the above applicant. I hereby recommend that the applicant be appointed to the position of _____

Date

Superintendent or Designee

Please complete the above and forward to:

Georgia Baldwin, District Clerk
Broadalbin-Perth Central School District
20 Pine Street
Broadalbin, New York 12025



ARTICLE 19-A BUS DRIVER APPLICATION

(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, Social Security Number, Gender, Street Address, City, State, Zip Code, County, Telephone Number, Client/License ID Number, State, Class of Driver's License, Endorsements, Restrictions, Expiration Date

CARRIER INFORMATION
Carrier/DBA Name, Legal Name, 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?

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?
2. Are you a certified ARTICLE 19-A examiner?

EMPLOYMENT table with columns: Employer Name and Address, What were the date(s) of your employment?, Your job title

ACCIDENTS table with columns: Date of Accident, Location, Was there personal injury or property damage?, What type of vehicle were you driving?

CONVICTIONS table with columns: Date of Violation, Location, 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



**BROADALBIN-PERTH CENTRAL SCHOOL DISTRICT
20 PINE STREET
BROADALBIN, NEW YORK 12025**

I, _____ hereby authorize Broadalbin-Perth Central School District to request a motor vehicle report on me.

Name, exactly as it appears on driver's license _____

Date of Birth _____ Driver's License Number _____

Date _____ Signature _____

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & SUBSTANCE TESTING

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I (Print Name) _____, SS# (or other ID number) _____, participated in a drug & alcohol testing program from (insert dates) _____ to _____. I authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to the requesting employer listed below in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated testing items: *Alcohol tests with a result of .04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation, documentation, if any, of completion of the return-to-duty process following a rule violation.*

A photocopy of this release shall be as valid as the original.

Previous Employer: _____
Address: _____
City, State, Zip _____
Telephone: _____ Fax: _____
Contact: _____

Have you failed or refused a DOT drug and alcohol pre-employment test with an employer to which you applied, but did not obtain safety-sensitive transportation work covered by the DOT drug and alcohol testing Regulations during the past three years? Yes No

Requesting Employer: _____ Application Date: _____
Applicant's Signature: _____ Date: _____
Witness: _____ Date: _____



After Completing Section 1, please forward to:

Charity Gregory, Health and Safety Services
Jefferson-Lewis BOCES (Third-Party Administrator)
20104 State Route 3, Watertown, NY 13601
Telephone: 315-779-7000 ext. 7051 Fax: 315-779-7009

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

Program Coordinator "X" ALL THAT APPLY

Was the employee subject to Part 382 testing requirements while employed by this employer: Yes—Please continue on with no. 's 1-6
 No—Please sign below and return to our office

In the three years prior to the date of the employee's signature (in Section 1), for DOT-regulated testing:

- | | | |
|---|-----|----|
| 1. Did the employee have an alcohol test with a result of .04 or higher? | Yes | No |
| 2. Did the employee have a verified positive drug test? | Yes | No |
| 3. Did the employee refuse to be tested? | Yes | No |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | Yes | No |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | Yes | No |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | Yes | No |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Section 2 Completed by (Signature): _____ Title: _____
Telephone: _____ Date: _____

Please forward to Charity Gregory @ Address Above



Before completing this form, please read the instructions on page 2

Important Information About FBI Record Checks: Your fingerprints will be used to check the criminal history records of the FBI. You have the right to review the information on your FBI record. If you believe your record is incorrect or incomplete, you can request that it be changed, corrected, or updated. For more information and instructions, visit the FBI web site at: https://www.fbi.gov/services/cjis/identity-history-summary-checks.

Table with 4 columns: You need this information to schedule your appointment to be fingerprinted, ORI (NYSBUSDRV), CONTRIBUTOR AGENCY (NYS Department of Motor Vehicles), and JOB OR LICENSE TYPE (School Bus Driver).

Section 1: Carrier Information

Form fields for 19-A Business ID Number (17793) and Billing Account Number (If applicable).

Section 2: Applicant Information

Main applicant information form including Client ID Number, Name of Applicant, Alias/Maiden Name, Home Address, Daytime Phone Number, Date of Birth, Race, Ethnicity, Skin Tone, Hair Color, Eye Color, Place of Birth, Country of Citizenship, and Alien Registration Number.

INSTRUCTIONS

Article 19-A of the New York State Vehicle and Traffic Law requires all individuals who apply for a school bus driver position to be fingerprinted as part of the school bus driver qualification procedure. The required fingerprinting service is being provided by MorphoTrust Enrollment Solutions (MorphoTrust). All school bus driver applicants must be fingerprinted at one of the MorphoTrust ID centers located throughout New York State.

Fingerprinting is done by appointment. Selecting a fingerprinting location, scheduling an appointment, and getting information about the required fee can be done online at www.identogo.com or by calling 1-877-472-6915.

This form must be completed as described below and taken to the fingerprinting site at the time of the appointment. In addition to this form, the applicant must bring one acceptable proof of identification (acceptable proofs are listed below under Acceptable Documents for Proof of Identity).

Section 1 - Carrier Information: The carrier must provide the 19-A Business ID number. If the carrier has established an escrow account with MorphoTrust, the carrier must provide the account number in the Billing Account Number field.

Section 2 - Applicant Information: Provide all of the information that is requested. If the applicant holds a driver license in a state other than New York, a 9-digit NYS Client ID number must be obtained; the applicant's carrier must submit form DS-500 (Article 19-A Request for NYS Client ID Number) to the NYS Department of Motor Vehicles Bus Driver Unit. Form DS-500 is available on DMV's website at dmv.ny.gov

NOTE: The applicant's name and date of birth written on this form must exactly match the name and date of birth as it appears on the driver license.

ACCEPTABLE DOCUMENTS FOR PROOF OF IDENTITY

School bus driver applicants **MUST** bring one proof of identification to the fingerprinting site.
The identification document must be valid and **NOT** expired.

- ◆ Driver license issued by a state or outlying possession of the U.S.
- ◆ ID card issued by a federal, state, or local government agency or by a Territory of the United States
- ◆ State ID card (or outlying possession of the U.S.) with a seal or logo from state or state agency
- ◆ Commercial driver license issued by a state or outlying possession of the U.S.
- ◆ Canadian driver license
- ◆ Employment Authorization document that contains a photograph
- ◆ Foreign passport
- ◆ Military Dependent's Identification Card
- ◆ Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- ◆ U.S. Coastguard Merchant Mariner Card
- ◆ U.S. Military Identification Card
- ◆ U.S. Passport
- ◆ U.S. Tribal or Bureau of Indian Affairs Identification Card (Enhanced Tribal Card Only)

IMPORTANT!

This form, when completed, provides personal information which is confidential. The completed form should not be left at the fingerprinting site - the applicant should either retain it for his/her records or dispose of it properly (shredding it is recommended).

- When completed, this form must not be retained, photocopied, or otherwise reproduced by the MorphoTrust staff.
- The information provided on this form must not be retained by the MorphoTrust staff.

Please direct any questions to the New York State Department of Motor Vehicles Bus Driver Unit at (518) 473-9455.