

Sauquoit Valley Central School
2601 Oneida Street
Sauquoit, NY 13456

ONLINE

BUS DRIVER EMPLOYMENT APPLICATION PROCEDURE

1. Attached please find the following:
 - Bus Driver Application
 - Civil Service Application
 - Veteran's & Exempt Volunteer Fireman Status form
2. Attach the following when submitting your application:
 - Three personal references letters
 - Copy of your drivers' license (Class B, P & S endorsements preferred)
3. The Bus Garage office will contact you for an interview/meeting after reviewing your paperwork.



SAUQUOIT VALLEY CENTRAL SCHOOL
2601 Oneida Street
Sauquoit, NY 13456
(315) 839-6318 Fax # (315) 839-6386

Transportation Supervisor

**EMPLOYMENT APPLICATION FOR
REGULAR OR SUBSTITUTE SCHOOL BUS DRIVER**

NAME _____ DATE OF BIRTH: _____ SS# _____

PRESENT ADDRESS: _____ CITY _____ STATE _____ ZIP _____

LAST PREVIOUS ADDRESS _____

HOME PHONE # _____ WORK # _____ OR other contact # _____

- 1) Class of Driver's License: _____ Expiration Date of License: _____
- 2) State of Insurance: _____ Motorist Identification # _____
- 3) How many years have you driven? _____
- 4) Have you ever had an accident while driving in the past three years which resulted in injuries to yourself or others? ___ YES ___ NO
 If Yes, Describe extent of accident or accidents: _____

5) Have you been charged with any moving traffic violations, (reckless driving, speeding etc.) or with a criminal act? If Yes, complete information below.

<u>Date</u>	<u>Charge</u>	<u>Disposition</u>	<u>Court and Location</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6) Active driving experience: _____ Years as School Bus Driver.
 _____ Years as Passenger Bus or Heavy Truck Driver
 _____ Years as Light Truck or Station Wagon

7) Do you use intoxications? ___ Frequently ___ Seldom ___ Never

8) Do you use drugs? ___ Frequently ___ Seldom ___ Never

9) Have you ever had any convulsions or periods of unconsciousness? _____

10) Are you presently employed? (if YES, where) _____
 (if NO, where were you last employed?) _____

11) Have you ever attended an approved School Bus Driver Training Course? ___ YES ___ NO

12) Please indicate if you attended other such courses? ___ YES ___ NO. If Yes, Give date, place and duration of course (include a copy of certificate received, if you received one)

13) Are you currently a member of the NYS Employee Retirement System? ___ YES ___ NO

If YES, please indicate your membership number _____ Date of membership _____

If **NO**, you may, as a matter of right, join the New York State Employee Retirement System. You must complete a Retirement System Membership application, which must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System, you will be required to contribute, pursuant to Article 15 of the RSSL, a % based on your salary to said Retirement System, and furthermore, as a member of said Retirement System, you will be required to contribute to Social Security. **An application and information can be obtained in the Business Office or you can contact 839-6350 for information.**

If you choose to **decline** membership in the NYS Employee Retirement System **please sign** below:

_____ Date _____

Attach to this application form at least **THREE** statements from **THREE** different persons who are not related to you either by blood or marriage pertaining to your moral character and reliability. And each must include **NAME, ADDRESS, and PHONE#**. **A copy of your drivers' license; Class B P&S endorsements preferred.**

To the best of my knowledge and belief the answers to the above questions are true.

Signature of Applicant: _____ **Date:** _____

Please return your application and other necessary paperwork to:

**Sauquoit Valley Central School
Transportation Supervisor
2601 Oneida Street
Sauquoit, NY 13456**

I have reviewed the above application, and the THREE character statements and the report of the physician pertaining to the above named applicant for the position of School Bus Driver for the school year ____ - _____. I hereby approve his / her, employment.

Signature of: _____ **Date:** _____
(Superintendent of Schools)



ONEIDA COUNTY DEPARTMENT OF PERSONNEL

Veteran, Exempt Volunteer Firefighter, Disabled Spouse and Blind Status

Name (PRINT): _____

Oneida County must maintain veteran, exempt firefighter, disabled spouse, and blind status on all employees under our Civil Service jurisdiction. This information is very important to ensure employees' rights and statuses are protected in the event of a reduction in force, disciplinary action, promotion, testing, etc.

Please complete the following and check the appropriate items:

➤ **VETERAN STATUS**

Non Veteran

Veteran (Must submit Member 4 copy of DD-214)

Disabled Veteran (Must submit proof of disability from the Division of Veterans' Affairs)

Date(s) of Service: _____

Did you serve in the Armed Forces of the United States during any of the following periods?

12/7/41-12/31/46

6/27/50-1/31/55

02/28/61-5/7/75

Persian Gulf: 8/2/90-present

Lebanon: 6/1/83-12/1/87

Grenada: 10/23/83-11/21/83

Panama: 12/20/89-1/31/90

U.S. Public Health Service: 7/29/45-12/31/46, 6/27/50-7/3/52

Lebanon, Grenada and Panama will be limited to those who received the following Expeditionary Medals: Armed Forces, Navy or Marine Corps.

➤ **Disabled Spouse Status**

Check if you are a spouse of a 100% Disabled Veteran. You must submit proof of spouse's disability by the Division of Veterans' Affairs.

➤ **Blind Status**

Check if you have been certified as blind by the Commission for the Blind. If checked you must submit proof.

➤ **EXEMPT VOLUNTEER FIREFIGHTER STATUS**

Check if you are an Exempt Volunteer Firefighter

You must provide a certificate signed by two officers and notarized, that you have been a volunteer member of the company for five years or more. A form for this purpose can be obtained from your volunteer fire company or from Oneida County Civil Service.

Signature

Date

EDUCATION: List all education showing you meet the minimum qualifications. If home instruction was provided, a copy of the IHIP **MUST** accompany application. If education beyond high school or high school equivalency is required, copy of transcripts showing credit hours, major, and date of completion **MUST** accompany application. If education was obtained in other than the United States, see instruction A, page 4.

Have you graduated from high school? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME <u>AND</u> LOCATION OF HIGH SCHOOL	YEAR GRADUATED
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Do you have a high school equivalency diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO	ISSUING AUTHORITY	DATE OF ISSUE
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	Name of School or College and Address	Dates of Attendance (MM/YY) From To	Type of Course or Major Subject	Number of Credits Received	Type of Degree Received	Date Degree Received
College, University, Professional, or Technical School

Other Schools or Special Courses

LICENSES: If a license or other authorization to practice trade or profession is listed as a requirement for the title you are applying for, complete the following. You **MUST** also submit a copy of your license with this application.

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State of
Specialty	Date License First Issued	Registered From: (Mo./Yr.) To: (Mo./Yr.)	

DESCRIPTION OF EXPERIENCE: Beginning with your most recent employer, list all applicable experience. **All** fields must be completed for each position held and descriptions must **CLEARLY** show you meet the minimum qualifications. Part-time experience may be pro-rated. If hours per week vary, provide an average. If listing self-employment, see instruction B, page 4.

Dates Employed MO YR MO YR / to /	Employer	Address	City and State
Hours per week	Job Title	Supervisor's Name	Supervisor's Title
			Type of Business

Describe specific work performed and job responsibilities:

Dates Employed MO YR MO YR / to /	Employer	Address	City and State
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Hours per week	Job Title	Supervisor's Name	Supervisor's Title
Type of Business			

Describe specific work performed and job responsibilities:

INSTRUCTIONS AND INFORMATION

For more information or help completing the application, call (315) 798-5726.

Before filling out your application, read the examination announcement and/or job description carefully (available at www.ocgov.net). **This application is part of your examination.** Answer all questions fully and carefully, making sure all boxes are filled in or checked. Resumes will **NOT** be accepted in lieu of this application. Print in ink or type. If necessary, attach additional sheets to give complete and detailed information.

- **Applicants must answer all questions on the application. Incomplete applications will be disapproved.**
- **ALL STATEMENTS ARE SUBJECT TO VERIFICATION. Any false, misleading, or unverified information may result in disqualification.**
- **NO E-MAILED OR FAXED APPLICATIONS WILL BE ACCEPTED.**

- A. **FOREIGN EDUCATION:** High school from other than U.S. schools may be verified by a transcript and against college-entry requirements in the corresponding country. Applicable documentation must be submitted. If your degree and/or college credit was awarded by an educational institution outside of the United States and its territories, you must provide independent verification of equivalency. A list of acceptable companies providing this service may be obtained in person from the Oneida County Department of Personnel, by mail (include a self-addressed, stamped envelope) OR on the New York State Department of Civil Service website: www.cs.ny.gov/jobseeker/degrees.cfm. You will be responsible for the required evaluation fee.
- B. **SELF-EMPLOYMENT:** All self-employment must be verifiable and requires submission of a DBA certificate as well as any other applicable documentation.
- C. **NON-REFUNDABLE EXAM FILING FEE:** Refer to the front of the examination announcement for the required filing fee. Enclose a **MONEY ORDER ONLY** for the total amount, made payable to **ONEIDA COUNTY**. Do NOT send cash or checks. IF YOUR APPLICATION IS DISAPPROVED, THE FEE WILL NOT BE REFUNDED.

APPLICATION FEE WAIVERS: You will be allowed a waiver of the application fee if you meet the qualifications as stated on the examination announcement.

- D. **ADMISSION TO EXAM:** Applications are reviewed for qualifying status. If your exam application is disapproved, you will be notified of the reason and given an opportunity to amend your application. All amendments to applications are due by the amendment due date listed on your disapproval letter. IF YOU DO NOT RECEIVE AN ADMISSION LETTER THREE (3) DAYS BEFORE THE EXAM DATE, **CALL: (315) 798-5726**. Collect calls will not be accepted.
- E. **CHANGE OF ADDRESS:** Notify the Oneida County Department of Personnel immediately of any change of address by filling out a *Change of Information* form. This form is available at www.ocgov.net/personnel and in the Oneida County Department of Personnel Office.
- F. **SPECIAL ARRANGEMENTS:** If you need special arrangements because you are a person with a disability, are requesting a military make-up exam, or need a religious accommodation you must, EITHER: Check the appropriate box on the first page of the application and indicate the special arrangements you require in the "REMARKS" section OR write to our office no later than the last filing date for this exam. Your request must include the exam number and title, the type of special arrangements required, and applicable documentation.

Military Services Members: If you apply for an examination during the filing period but are on active duty on the date the examination is scheduled, you may request a military make-up examination. Contact the Oneida County Department of Personnel for more information. If you are on active duty or discharged after the filing period has begun, you may apply for the examination up to ten (10) business days before the test date.

It is the policy of the New York State Department of Civil Service and Oneida County to provide qualified persons with disabilities an equal opportunity to participate in and receive the benefits, services, programs, and activities of the department and to provide such persons reasonable accommodations and reasonable modifications as are necessary to enjoy such equal opportunity, including accommodations in the examination process. Further, it is the policy of the department to provide reasonable accommodation for religious observers.

- G. **VETERANS' CREDITS:** Disabled or non-disabled veterans who have served on active duty during the creditable periods of war, who have been honorably discharged/released, and who are New York State residents at the time of application for examination will be eligible for Veterans' Credits. **Eligible veterans must submit member 4 copies of their Honorable Discharge Forms (DD-214) with their applications.** By law, copies of DD-214s must be submitted prior to the establishment of the eligible list in order to receive credits. An option of waiving these credits will be allowed up until appointment. Applicants who claim additional credits as disabled veterans must also submit copies of their benefits letters.

Candidates who meet the Veterans' Credits criteria currently serving in the Armed Forces of the United States may apply for Veterans' Credits and receive conditional Veterans' Credits until a member 4 copy of the Honorable Discharge Form (DD-214) is submitted.

Armed forces is defined as the Army, Navy, Marine Corps, Air Force, Coast Guard and the National Guard when in service for the United States. Such service must be or have been on a full-time active duty basis, other than for training purposes.

- H. **PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:** The information that you are providing on this application is being requested pursuant to Section 50.3 of the New York State Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e), and (f). Failure to provide this information may result in disapproval of the application. For further information, relating *only* to the Personal Privacy Protection Law, call (518) 457-9375.
- I. **BACKGROUND INVESTIGATION:** Applicants may be required to undergo a State and National criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Oneida County is an Equal Opportunity/Affirmative Action Employer

It is the policy of the New York State Department of Civil Service and Oneida County to provide for and promote equal employment opportunity in employment, compensation, and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, sexual orientation, disability, military status, genetic predisposition, carrier status, political affiliation or belief.



Oneida County Civil Service

Exempt Volunteer Firefighter Certificate

General Municipal Law, Section 200. Defining qualifications of exempt volunteer fireman; "An exempt volunteer fireman is hereby declared to be a person who as a member of a volunteer fire company duly organized under the laws of the state of New York shall have at any time after attaining the age of eighteen years faithfully actually performed service in the protection of life and property from fire within the territory immediately protected by the company of which he is a member, and while a bona fide resident therein, for a period of five years,"

Section 202. Certificate to be issued to exempt volunteer firemen "Such certificate shall be signed by the president, captain, foreman or secretary of the company and shall be acknowledged by such officers before an officer commissioned to take acknowledgements, and shall also have attached thereto a certificate attested by the affidavit of the secretary, clerk or other person having the custody of the company's record of membership, that the statements of fact contained in said certificate are true, and the affidavit and acknowledgement shall be substantially in the following form:"

This is to certify that _____ is a member of good
PRINT Name of Volunteer Firefighter

standing in the _____, and has been a volunteer
Volunteer Fire Company

member of said company from _____ to _____, and would like to claim his/her exempt volunteer firefighter status.

If s/he is no longer a member of the volunteer fire company, s/he must have been a member in good standing and was honorably discharged.

Officer (President, Captain, Foreman)

Officer (Secretary, Clerk)

Date

Date

State of New York)
) ss.
County of _____)

On thisday of, in the year, before me personally came, to me known and by me known to be the same persons described in and who executed the foregoing certificate and they severally duly acknowledged to me that they executed the same and the said being by me duly sworn, deposes and says, that he is of the company aforesaid and is the custodian of the records of its membership and that the facts above stated relating to the service of the person described in such certificate are true.

On thisday of, in the year, before me personally came, to me known and by me known to be the same persons described in and who executed the foregoing certificate and they severally duly acknowledged to me that they executed the same and the said being by me duly sworn, deposes and says, that he is of the company aforesaid and is the custodian of the records of its membership and that the facts above stated relating to the service of the person described in such certificate are true.

.....*Notary Public*

.....*Notary Public*

State of New York)
) ss.
County of _____)