



WEST GENESEE CENTRAL SCHOOLS

Transportation Department
5203 West Genesee Street
Camillus, NY 13031
Telephone (315) 487-4576

APPLICATION FOR BUS DRIVER POSITIONS ONLY

Willing to Substitute? Yes No

Name: _____ Date: _____
(Last) (First) (Initial)

Address: _____ Phone: _____
(Street)

(City) (State) (Zip Code)

Email Address: _____

Social Security #: _____ NYS Client ID #: _____

NYS Employees' Retirement System Number: _____

Military Service: Branch _____ From: _____ To: _____

Assignments, Special Schools: _____

Highest Rank: _____

Have you ever been convicted of a crime? ___ Yes ___ No If yes, please explain _____

Have you ever been dismissed or asked to resign from any position? ___ Yes ___ No

If yes, please explain _____

Certification: Civil Service Classification: _____

Other: _____

Education

<i>Education</i>	<i>School</i>	<i>Dates From</i>	<i>Dates To</i>	<i>Major Field</i>	<i>Diploma or Degree</i>
<i>High School</i>					
<i>College</i>					
<i>Special Training</i>					

Work Experience

<i>Dates From & To</i>	<i>Employer</i>	<i>Address</i>	<i>Major Duties</i>	<i>Reason For Leaving</i>

References: List the names of at least three (3) persons who have knowledge of your character, personality, scholarship and professional competencies:

	Name	Address	Position	Business Phone
1.	_____			
2.	_____			
3.	_____			

Please indicate below the date you will be available to begin work, if you are appointed to a position at West Genesee.

Date

I hereby declare the information provided by me on this application is true and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I hereby authorize any individual, company, or institution listed above with whom I have been associated to furnish the West Genesee Central School District with any information concerning my employment.

Applicant's Signature