

TRANSPORTATION

NAME _____
Last *First* *Middle*

FULL-TIME _____ PART-TIME _____ SUBSTITUTE _____

Bus Driver _____ Bus Attendant _____ Mechanic _____ On-Call Substitute _____

Class of Driver's License _____ Expiration Date of License _____

Motorist Identification No. _____ State of Issuance _____

Have you been involved in any motor vehicle accidents within the past five (5) years? Yes _____ No _____

If yes, please provide the details. _____

Have you been convicted of moving traffic violations (reckless driving, speeding, etc.) within the past three (3) years? If yes, give details below. Yes _____ No _____

DATE	CHARGE	COURT AND LOCATION

Have you ever been convicted of any alcohol-related traffic violations within the past five (5) years?

Yes _____ No _____ If yes, give details below.

DATE	CHARGE	COURT AND LOCATION

Have you ever been convicted of a crime (felony or misdemeanor), including any alcohol-related traffic crimes?*

Yes _____ No _____ If yes, give details below.

***You should answer "No" if one of the following conditions applies:**

- Your conviction was sealed by a court; or
- The criminal action or proceeding was terminated in your favor (e.g. you were acquitted or dismissed, you received an adjournment in contemplation of dismissal and the adjournment period has lapsed); or
- The procedure on the criminal offense resulted in a youthful offender adjudication or juvenile delinquency finding which has been sealed/expunged pursuant to the Family Court Act; or
- After completing a treatment program, your plea to a felony or misdemeanor was withdrawn and you were resentenced to a violation which was sealed by the court, or the completion of the program resulted in a dismissal of all charges by the court.

DATE	CHARGE	COURT AND LOCATION

Do you engage in illegal drug use? Yes _____ No _____

If yes, please describe the type of drugs consumed and the frequency.

DRUG	FREQUENCY

Can you perform all job functions with or without reasonable accommodation, including passing the New York State Physical Performance Standards Test? Yes _____ No _____

Have you ever attended a BUS DRIVER TRAINING course? Yes _____ No _____			
CPR: Yes _____ No _____		AED: Yes _____ No _____	
If yes, give the date, place and duration of each kind of course and whether you received a certificate			
DATE	PLACE	DURATION	CERTIFICATE
			Yes _____ No _____
			Yes _____ No _____
			Yes _____ No _____