



OFFICE USE ONLY		
A	Date	Init

TRANSPORTATION: 301-475-4256 ext. 2
 Fax: 301-475-4239

APPLICATION FOR SCHOOL BUS DRIVER AND/OR SCHOOL BUS ATTENDANT CERTIFICATION

1. APPLICATION FOR School Bus Driver School Bus Attendant

2. HOW DO WE CONTACT YOU?

Name: _____ Social Security #: _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (C) _____ Other: _____

Person to contact if you are not available at above address. Emergency contact is:

Name: _____ Phone: _____

3. TELL US ABOUT YOUR EDUCATION

Highest level of education: GED High School College

Type of degree: AA/AS BS/BA MS/MA Doctorate

IF no degree, list total number of credits earned to date: _____

4. REFERENCES

List two persons who can provide information as to your performance in the area of your desired employment.
 (References from family members and/or relatives will NOT be accepted).

1. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

APPLICATION FOR SCHOOL BUS DRIVER AND/OR SCHOOL BUS ATTENDANT CERTIFICATION

Page Two

5. TELL US ABOUT YOUR WORK EXPERIENCE

- Describe your work experience over the last 10 years in chronological order beginning with your most current or recent job.
- Include in the Remarks section any other pertinent information regarding your experience for this position.
- Include military service and indicate rank.
- Provide an explanation for any gaps in employment.
- All information in this section must be complete.

1. Name of present or last employer: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____ From: ____ / ____ / ____ to ____ / ____ / ____

Job duties (essential job functions):

Reason for leaving: _____

2. Name of present or last employer: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____ From: ____ / ____ / ____ to ____ / ____ / ____

Job duties (essential job functions):

Reason for leaving: _____

3. Name of present or last employer: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____ From: ____ / ____ / ____ to ____ / ____ / ____

Job duties (essential job functions):

Reason for leaving: _____

APPLICATION FOR SCHOOL BUS DRIVER AND/OR SCHOOL BUS ATTENDANT CERTIFICATION

6. PLEASE ANSWER THE FOLLOWING QUESTIONS

- 1. Can you submit verification of your legal right to work in the United States? [] Yes [] No
- 2. IF you are under 18 years of age, can you provide required proof of your eligibility to work? [] Yes [] No
- 3. Have you previously been employed with St. Mary's County Public Schools? [] Yes [] No
If yes, please explain in the remarks section.
- 4. Have you ever been terminated, discharged or asked to resign from any position? [] Yes [] No
If yes, please explain in the Remarks section.
- 5. Are you currently employed? [] Yes [] No IF yes, may we contact your present employer? [] Yes [] No
- 6. When will you be available to begin employment? Date: _____

WARNING: Failure to report criminal convictions, Probation Before Judgment (PBJ) dispositions or pending charges may result in termination of your certification with St. Mary's County Public Schools. Any individual who fails to disclose prior convictions or the existence of a pending charge shall be Guilty of Perjury. This is a Misdemeanor Offense and a conviction is subject to a fine not to exceed \$1000.00 or imprisonment not exceeding one year or both. Initial here: _____

- 7. Have you ever been convicted, placed on Probation Before Judgment (PBJ), found not criminally responsible, or have pending criminal charges against you without a final disposition for an offense other than a minor traffic violation? [] Yes [] No IF yes, please list information below:

Charge: _____ Date: _____ Location: _____
State

Conviction	Probation	Pending Charge

Charge: _____ Date: _____ Location: _____
State

Conviction	Probation	Pending Charge

REMARKS:

7. TO BE COMPLETED BY ALL APPLICANTS

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The St. Mary's County Public School system does not discriminate on the basis of race, color, sex, age, marital status or sexual orientation, national origin, religion or disability in matters affecting employment or in providing access to programs.

VERIFICATION STATEMENT

I verify that the information given by me in this application is true and complete. I understand that if I have given any false information or if I have omitted any material fact, I may be disqualified from employment or if hired, I may be discharged upon discovery of such false statement(s) or omission(s).

Signature: _____ **Date:** _____

REFERENCE/COLLECTION OF INFORMATION FROM PAST EMPLOYERS

I understand that my employment with St. Mary's County Public Schools may be subject to a reference/background check. I hereby authorize St. Mary's County Public Schools to investigate the truthfulness of all statements made on this application and/or contact my former employer(s) and other listed references or any other person(s) who can verify any information submitted to St. Mary's County Public Schools in support of my application for employment. I hereby waive any right that I may have against any former employer(s) who provide information concerning this application and I release each said person from liability for providing information.

Signature: _____ **Date:** _____

AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE STATEMENT

The Board of Education of St. Mary's County Public Schools does not discriminate on the basis of disability in employment or provision of services, programs or activities. Information concerning the Americans With Disabilities Act is available from the Director of Human Resources, 301-475-5511 ext. 169. Persons needing auxiliary aids and services for communication should contact the Department of Human Resources or write to St. Mary's County Public Schools at P.O. Box 641, Leonardtown, MD 20650 at least one week in advance of the date the special accommodation is needed.

Signature: _____ **Date:** _____

EMPLOYER POLYGRAPH STATEMENT

Under Maryland law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.

RETURN THIS APPLICATION TO:

**Division of Supporting Services
Department of Transportation
St. Mary's County Public Schools
27190 Point Lookout Road
Loveville, MD 20656**

St. Mary's County Public Schools
SCHOOL BUS TRAINING REQUIREMENTS

This training is only for individuals who intend to operate a school bus for St. Mary's County Public Schools (SMCPS).

1. ALL trainees must reside in St. Mary's County.

- a. An exemption can be made by the Director of Transportation if the trainee is sponsored by a SMCPS bus contractor and has agreed to be employed by that contractor upon receiving their certification.

2. ALL trainees are expected to be available to substitute on a SMCPS school bus six months after receiving their certification.

- a. Violators will be subject to reimbursing SMCPS for the cost of the training; \$2000.00.

Initial here: _____

3. ALL trainees must:

- a. Pass a background check (determined by the Director of Transportation).
 - i. NO convictions of child abuse or child neglect.
 - ii. NO convictions of a crime of violence
 - iii. NO Probation Before Judgment (PBJ), guilty plea or convictions of possessing or under the influence of a controlled substance.
 - iv. NO Probation Before Judgment (PBJ), guilty plea or convictions of being impaired or under the influence of alcohol while operating a motor vehicle within the last 10 years.
 - 1. No more than one over 10 years
- b. Provide a driving record that shows a satisfactory driving record (determined by the Director of Transportation).
 - i. No more than two (2) current points.
- c. Pass a drug and alcohol test.
- d. Be twenty-one (21) years or older.
- e. Pass a Federal DOT Physical. A copy must be provided to Department of Transportation.

Driver Applicant Printed Name

Date

Driver Applicant Signature