



# Transportation Application

Contractor Name \_\_\_\_\_

- AACPS School Bus Driver    
  Contract School Bus Driver    
  Contract Cab Driver  
 AACPS School Bus Attendant    
  Contract School Bus Attendant

Date (MM/DD/YY) \_\_\_\_\_

Name (Last, First, MI) \_\_\_\_\_ Maiden Name (if used in previous employment) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Temporary Address (to be used until ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Other Schools (Business School, Trade School, and etc.) \_\_\_\_\_  
 Elementary School   
 High School   
 College/University

## Employment Experience (begin with last place of employment)

Employer's Name	Employer's Name
Address	Address
Phone	Phone
Dates Employed to	Dates Employed to
Salary per Week \$	Salary per Week \$
Position	Position
Reason(s) for Leaving	Reason(s) for Leaving
Job Duties	Job Duties
Supervisor's Name	Supervisor's Name

## Driving Information

Valid Operator's License No. \_\_\_\_\_ Class \_\_\_\_\_ Endorsements \_\_\_\_\_ Expiration Date \_\_\_\_\_

Years of Driving Experience	Car	No. of Years	Truck	Type	No. of Years	Truck	Type	No. of Years
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Have you ever driven a school bus?  Yes  No     If yes, for whom? \_\_\_\_\_     How many years? \_\_\_\_\_

Do you currently hold a valid commercial driver's license (CDL)?  Yes  No

Have you ever held a valid commercial drivers license (CDL)?  Yes  No

If the answer to either question is yes, list on a separate sheet and attach to this form all former employers, names, addresses, phone numbers, and dates of employment for all employers for which your CDL license was necessary for employment.

Have you ever been in a traffic accident in which you were the operator of one of the vehicles involved?  Yes  No     Have you ever been convicted of violating any traffic law(s)?  Yes  No     If yes, state the violation(s) \_\_\_\_\_

Have your license ever been *suspended*?  Yes  No     If yes, when? \_\_\_\_\_     For what reason(s)? \_\_\_\_\_

Has your license ever been *revoked*?  Yes  No     If yes, when? \_\_\_\_\_     For what reason(s)? \_\_\_\_\_

Has insurance ever been refused or cancelled on vehicles you own because of your driving record?  Yes  No     If yes, explain \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No     If yes, attach a copy of the police record \_\_\_\_\_

continued on reverse

# Transportation Application cont.

Are you willing to take a training course for school bus drivers, attendants, or cab driver, and to attend periodic safety meetings?  Yes  No

**References: List two persons (other than Supervisor previously listed) who may be contacted to verify your experience or ability.**

Name	Name
Address	Address
Phone	Phone

State why you want to drive a school bus:

*I hereby certify that the above statements are true and complete to the best of my knowledge and understand that any deliberate omission or falsification of fact shall be grounds for refusal of or dismissal from employment or training. I also authorize the Anne Arundel County Public Schools to verify all information contained in this application*

Applicant's Signature	Date of Application
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Contractor's Signature (verifying the applicant has been personally and satisfactorily interviewed)	Date
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**Transportation Office Use ONLY**

This applicant is not eligible for certification as a bus/cab driver (state reasons below)

This applicant is not eligible to attend a bus (state reasons below)

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This applicant has been fingerprinted on \_\_\_\_\_

This applicant has been authorized for physical examination on \_\_\_\_\_

Has passed authorized physical (including pre-employment USDOT drug screening)

Comments:

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The applicant has successfully completed the Bus Driver Training Program and is now authorized to perform the duties of a school bus driver/attendant/cab driver for or on behalf of Anne Arundel County Public Schools.

\_\_\_\_\_  
Driver Trainer Signature

\_\_\_\_\_  
Date

### APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (Maiden Name, if any) \_\_\_\_\_ (LAST)  
 ADDRESS \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE & ZIP CODE) HOW LONG? \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ HIRE DATE \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**

_____ (STREET)	_____ (CITY)	_____ (STATE & ZIP CODE)	# YEARS _____
_____ (STREET)	_____ (CITY)	_____ (STATE & ZIP CODE)	# YEARS _____
_____ (STREET)	_____ (CITY)	_____ (STATE & ZIP CODE)	# YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**LICENSE INFORMATION**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain \_\_\_\_\_

EMPLOYMENT RECORD  
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate, interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No   
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes  No

SECOND LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No   
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes  No

THIRD LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes  No   
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49CFR Part 40? Yes  No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

\_\_\_\_\_  
DATE APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
DATE APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations