



**Delaware Valley Regional High School**  
**Joint Transportation Department**  
 19 Senator Stout Road, Frenchtown, NJ 08825  
 908-996-4385 Fax 908-996-4416  
[transportation@dvrhs.k12.nj.us](mailto:transportation@dvrhs.k12.nj.us)

## BUS DRIVER EMPLOYMENT APPLICATION

The Delaware Valley Regional Board of Education is an equal opportunity employer. Pre employment drug testing is required. A pre employment physical is required. A criminal history background check is required. A five year driver license abstract will be reviewed. Please write clearly. If at any time additional space is needed to fully answer please attach additional sheets.

Name				Position desired				Today's date			
Current resident address						Previous address if at current address less than three years from date of application					
Town, State, Zip code						Town, State, Zip code					
Social Security Number		Email address				Home phone		Cell phone		Date of Birth	
List all unexpired Driver license numbers		Issue state	Issue date	Expires	CDL class		Endorsements		Restrictions		
Has any driver's license, permit, or privilege even been denied, suspended or revoked? YES / NO      If so explain below:											
Education Level : high school, college, trade, vocational, other		School name			School location: town, state			Dates attended from/to; mo/yr		Highest grade completed	
List all employers starting with your current employer for at least 3 years then for 7 additional years if you operated a CMV for that employer or until your last year as a full time student. Explain any absences in employment.											
Current employer name		Location: town, state			Supervisor's name				Phone number		
Job title or duties		Start mo/yr	End mo/yr	Pay rate	Reason for leaving						
Is this job subject to the Federal Motor Carrier Safety Regulations? YES / NO						Are you subject to drug and alcohol testing at this job? YES / NO					
Previous employer		Location: town, state			Supervisor's name				Phone number		
Job title or duties		Start mo/yr	End mo/yr	Pay rate	Reason for leaving						
Is this job subject to the Federal Motor Carrier Safety Regulations? YES / NO						Are you subject to drug and alcohol testing at this job? YES / NO					

Please continue on the reverse side of the page

Delaware Valley Regional Joint Transportation Department employment application continued,

Previous employer	Location: town, state	Supervisor's name	Phone number
Job title or duties	Start mo/yr	End mo/yr	Pay rate Reason for leaving
Is this job subject to the Federal Motor Carrier Safety Regulations? YES / NO		Are you subject to drug and alcohol testing at this job? YES / NO	
Previous employer	Location: town, state	Supervisor's name	Phone number
Job title or duties	Start mo/yr	End mo/yr	Pay rate Reason for leaving
Is this job subject to the Federal Motor Carrier Safety Regulations? YES / NO		Are you subject to drug and alcohol testing at this job? YES / NO	
Experience and qualifications			
Class of Equipment	Type of equipment	Date from	Date to Miles estimate
Straight truck	Van – reefer – tank – flat – dump		
Tractor & trailer 1 2 3	Van – reefer – tank – flat – dump		
Motorcoach	Less than 8 pax – more than 8pax		
School bus	Less than 16 pax – more than 16 pax		
Straight truck	Van – reefer – tank – flat – dump		
Tractor & trailer 1 2 3	Van – reefer – tank – flat – dump		
Motorcoach	Less than 8 pax – more than 8pax		
School bus	Less than 16 pax – more than 16 pax		
Please list any certificates, awards, training or other programs completed especially for school bus driving including the date(s):			
List two personal references not in your household who have first hand knowledge of your personality, character and work ethic.			
Name	Location: town, state	Relationship	Phone number
Name	Location: town, state	Relationship	Phone number
<p>I hereby certify, under penalty of perjury, that I have not been convicted of any crime or disorderly persons offense involving sexual offences, child molestation, endangering the welfare of children or incompetents, arson, robbery, assault, kidnapping, murder, manslaughter or violations of the controlled dangerous substances act.</p> <p>I understand that the information provided by me may be checked and previous employers and references may be contacted for the purpose of investigating my background.</p> <p>This certifies that this application was completed by me, and that all entries and information on it are true and complete to the best of my knowledge.</p> <p>I authorize the employer to investigate all written information contained on this application. I have received a copy of CFR 391.23 investigation and inquiries.</p>			
Applicant signature			Signature date

Completed by interviewer \_\_\_\_\_

Interview date \_\_\_\_\_

Discuss licensing requirements

Discuss types of work

Discuss approval procedure

Discuss benefit days

Discuss sick pay usage

Review abstract – discuss accidents and violations and note on abstract – must attach abstract

Copy of:

Driver license both sides

Social security card

Any certificates or other documents for file

Notes: