APPLICATION FOR EMPLOYMENT: Title of Position ________________

APPLICATION FOR EXAMINATION: Title and # ____________________

This application is part of your examination. Please answer all questions completely and accurately. Attach additional sheets if necessary to provide required information. All statements are subject to verification.

1. NAME AND PERMANENT LEGAL RESIDENCE: (Please notify Saratoga County Department of Human Resources in writing of any information changes.)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Social Security Number (Required for exam)</th>
</tr>
</thead>
</table>

Street _____________________________________________ City __________ State ______ Zip Code ______

Indicate below your actual permanent address and the length of time you have resided there continuously, up to and including date of this application.

<table>
<thead>
<tr>
<th>PROVIDE NAME</th>
<th>YEARS</th>
<th>MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>School District</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Village or City</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Town of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State of</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: It is your permanent legal residence that will determine eligibility for examination and appointment. Specific residency requirements are stated on the exam announcement.

2. MAILING ADDRESS: _________________________________

(If different from above) Street __________________ City __________ State ______ Zip Code ______

3. EMAIL ADDRESS: _________________________________

4. PHONE NUMBER: (___) _________ (___) _________ (___) _________

   Home  Business  Cell

5. AGE: If applying for the position of Deputy Sheriff, Police Officer, Correction Officer or any other position with minimum or maximum age limits (check exam announcement), please state date of birth: ________________

6. SPECIAL TESTING ARRANGEMENTS:

   RELIGIOUS ACCOMMODATION: Most written tests are held on Saturdays. If you cannot take the test on the announced test day due to a conflict with a religious observance or practice, check the space below.

   [ ] I cannot be tested on the scheduled examination date due to a conflict with a religious observance or practice.

SPECIAL ACCOMMODATIONS IN TESTING: Saratoga County provides reasonable accommodations for individuals with a disability during application, examination, interview and employment. If you need a reasonable accommodation, check the space below and attach a written description of the accommodation sought. Medical documentation is required.

[ ] I require special accommodation to take this examination.

OTHER ACCOMMODATIONS NEEDED: If you require accommodation for reasons other than religious or disability, check the box below and attach a written description of the accommodation sought.

[ ] I require special accommodation to take this examination.
7. CHECK APPROPRIATE BOXES:
If you answer YES to any portion of questions 7a-c, provide details on a separate sheet. Your failure to answer these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities. None of the above circumstances represent an automatic bar to employment. Each case is considered and evaluated on individual merit in relation to the duties and responsibilities of the position for which you are applying.

a. Were you ever discharged from employment for reasons other than lack of work or funds, disability or medical condition?  
   YES  NO

b. Did you ever resign rather than face discharge?  
   YES  NO

c. Have you ever been convicted of a crime (felony or misdemeanor)?  
   YES  NO

d. Has there ever been a complaint of workplace violence or harassment against you?  
   YES  NO

e. Are you now under charges for any crime?  
   YES  NO

f. Did you ever receive a discharge from the Armed Forces of the United States that was other than "Honorable", or which was issued under other than honorable conditions?  
   YES  NO

g. Are you a retiree from New York State or any civil division thereof?  
   YES  NO

h. Are you an exempt Volunteer Fireman?  
   YES  NO

8. VETERANS CREDITS: Veteran's credits can be applied for on all examinations but may be used only once. You may not claim additional credits after the eligible list has been established. Any candidate who applies for such credit must submit a copy of DD214 with application.

Do you claim additional credits on this examination as an honorably discharged veteran?  
   NO – Please go to Question 9
   YES -- AS A DISABLED WAR VETERAN
   YES -- AS A NON-DISABLED WAR VETERAN

YES  NO  Since January 1, 1951, have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?

COMPLETE THE REMAINDER OF THIS SECTION IF YOU:
1. Wish to claim War Time Veterans Credits, AND
2. Have NOT used veteran's credits for appointment to a position in NY State or its civil divisions.

EXTRA CREDITS FOR WAR TIME VETERANS -- Your answers must be "YES" to be eligible for additional credits

YES  NO  I expect to receive or have already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in service of the United States pursuant to call as provided by law, on a full-time active duty other than active duty for training purposes.

YES  NO  I am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following times of War periods:
In the Armed Forces:
December 7, 1941 – December 31, 1946;
February 28, 1961 – May 7, 1975;
August 2, 1990 to the date when the Persian Gulf hostilities end.
Or earned the Armed Forces, Navy or Marine Corps Expeditionary medal for service in:
Granada: October 23, 1983 - November 21, 1983;
Lebanon: June 1, 1983 – December 1, 1987;
Or in the U.S. Public Health Service:
July 29, 1945 - December 31, 1946;

YES  NO  I am a United States citizen or an alien lawfully admitted for permanent residence.

YES  NO  I am a New York resident.
9. STUDENT LOANS:
Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation?  □ NO  □ YES

10. YOUR EDUCATION: Read the exam announcement for educational requirements. Send a copy of your transcript only if required by the announcement.

Have you graduated from High School?  □ NO  □ YES

Name and Location of High School

If you have a High School Equivalency Diploma, Indicate: Issuing Government Authority

Number __________ Date of Issue __________

<table>
<thead>
<tr>
<th>College, University, Professional or Technical Schools:</th>
<th>Major subject or type of course</th>
<th>Did you graduate?</th>
<th>If you did not graduate, number of college credits</th>
<th>If graduated, type of degree received</th>
<th>Date degree received or expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of School &amp; City in which located</td>
<td></td>
<td>YES</td>
<td></td>
<td>Mo. / Yr.</td>
<td></td>
</tr>
<tr>
<td>Name of School &amp; City in which located</td>
<td></td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of School &amp; City in which located</td>
<td></td>
<td>YES</td>
<td></td>
<td>Mo. / Yr.</td>
<td></td>
</tr>
<tr>
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<td>NO</td>
<td></td>
<td></td>
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</tr>
<tr>
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<td></td>
<td>YES</td>
<td></td>
<td>Mo. / Yr.</td>
<td></td>
</tr>
<tr>
<td>Name of School &amp; City in which located</td>
<td></td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. LICENSE OR CERTIFICATION:
If required on the announcement, do you have a valid license to operate a motor vehicle in New York State?

□ NO  □ YES  License Number: __________ Expiration Date: __________

Class of License: _______  Endorsements: __________  Restrictions: __________

Complete the following if a license, certificate or other authority to practice a trade or profession is required on the announcement(s).

<table>
<thead>
<tr>
<th>Trade or Profession</th>
<th>License Number</th>
<th>Date License First Issued</th>
<th>Registration Mo. Yr. From / to / Mo. Yr.</th>
<th>If you are not currently licensed, check this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty</td>
<td>Grantor (licensing agency)</td>
<td>City/State</td>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

The County of Saratoga does not discriminate because of age, race, creed, color, citizenship, national origin, sex, religion, marital status, criminal record, disability, limited English proficiency, low income status, political affiliation, genetic predisposition or carrier status, domestic violence victim status, pregnancy or sexual orientation.

NOTE: Federal Law requires employers to hire only U.S. citizens or aliens with the authorization to work in the U.S. Federal Law also requires that at the time of appointment, you provide to the employer certain information, including date of birth, country of origin, right to work in the U.S. and to provide for review certain documents establishing your identity and work authorization, such as birth certificates, etc.
**12. EXPERIENCE:** You must complete this section whether or not you submit a resume. Describe any employment, volunteer experience or military experience that qualifies you for the position sought. Begin with your most recent experience first and work backwards consecutively to your first position. Applicants may be required to furnish satisfactory proof of experience claimed. A resume is NOT a substitute.

<table>
<thead>
<tr>
<th>Length of Employment From: Mo. Yr. To: Mo. Yr.</th>
<th>Name of Employer</th>
<th>Address</th>
<th>City and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings: $</td>
<td>Type of Business</td>
<td>Your Title</td>
<td>Name/Title/email or phone Information of Supervisor</td>
</tr>
<tr>
<td>per [ ] Wk [ ] Mo [ ] Yr</td>
<td>Duties:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ave. hours per week:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason for leaving</td>
<td>Duties:</td>
<td></td>
<td></td>
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<tr>
<td>per [ ] Wk [ ] Mo [ ] Yr</td>
<td>Duties:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ave. hours per week:</td>
<td></td>
<td></td>
<td></td>
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<td>Reason for leaving</td>
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<td></td>
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</table>

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<tbody>
<tr>
<td>Earnings: $</td>
<td>Type of Business</td>
<td>Your Title</td>
<td>Name/Title/email or phone Information of Supervisor</td>
</tr>
<tr>
<td>per [ ] Wk [ ] Mo [ ] Yr</td>
<td>Duties:</td>
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</tr>
<tr>
<td>Ave. hours per week:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason for leaving</td>
<td>Duties:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. REFERENCES: Do you have any objection to our contacting present or past employers to verify above?  
[ ] NO  [ ] YES  If yes, comment ________________________________

Please print any other surnames (last names) to which you are or have been known: ________________________________

DECLARATION: I declare, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

______________________________  ____________________________
Signature of Applicant        Date
# ARTICLE 19-A BUS DRIVER APPLICATION

(Complete all parts of this form. Please print or type. Send original to Bus Driver Unit, keep a copy in your driver 19-A file.)

## DRIVER INFORMATION

<table>
<thead>
<tr>
<th>Driver's Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>Date of Birth (Month/Day/Year)</th>
<th>Social Security Number</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License ID Number</th>
<th>State</th>
<th>Class of Driver's License</th>
<th>Endorsements</th>
<th>Restrictions</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## CARRIER INFORMATION

<table>
<thead>
<tr>
<th>Carrier/DBA Name</th>
<th>Legal Name (if different)</th>
<th>Federal ID Number</th>
<th>19-A Business ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ballston Spa CSD</td>
<td></td>
<td>146004258</td>
<td>17781</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 Malta Avenue</td>
<td>Ballston Spa</td>
<td>NY</td>
<td>12020</td>
<td>Saratoga</td>
<td>(518) 884-7140</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Article 19-A Contact Person</th>
<th>Title</th>
<th>Is this employer/carrier a school bus carrier?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sherry Demers</td>
<td>Trans. Coordinator</td>
<td>Yes</td>
</tr>
</tbody>
</table>

## ADDITIONAL DRIVER INFORMATION

Provide your employment, accident, and conviction history and answer the questions below. If necessary, attach additional pages.

1. Have you qualified as a school bus driver under ARTICLE 19-A? Yes No If "yes", give month and year of qualification ____________

2. Are you a certified ARTICLE 19-A examiner? Yes No
   If "yes", give certificate number ____________ and expiration date ____________.

## EMPLOYMENT

(Start with your most recent employment, and include work history for the past 3 years):

<table>
<thead>
<tr>
<th>Employer Name and Address</th>
<th>What were the date(s) of your employment? (From - To)</th>
<th>Your job title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

## ACCIDENTS

(Start with your most recent accident, and include accidents within the past 3 years):

<table>
<thead>
<tr>
<th>Date of Accident</th>
<th>Location (City, State, Zip Code, County)</th>
<th>Was there personal injury or property damage? If &quot;YES&quot;, indicate the dollar amount of damage to each vehicle, and the number of people injured.</th>
<th>What type of vehicle were you driving?</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

## CONVICTIONS

(Start with your most recent conviction, and include all criminal convictions):

<table>
<thead>
<tr>
<th>Date of Violation</th>
<th>Location (City, State, Zip Code, County)</th>
<th>Date of Conviction</th>
<th>Of what charge were you convicted?</th>
<th>If a vehicle was involved, what type of vehicle were you driving?</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

## DRIVER AFFIRMATION

To the best of my knowledge, the information I have given on this application is true.

Signature of Driver X ___________________________ Date __________

**EMPLOYER CERTIFICATION:** This application has been reviewed together with the driver abstract and medical examination (form DS-874 or USDOT form 649-F or equivalent) and the applicant is hereby classified as a "conditional driver" as defined in Section 6.2(r) and in accordance with the requirements of Sections 6.3 and 6.4 of the regulations of the Commissioner of Motor Vehicles. Final approval of employment is subject to the applicant meeting the requirements of Article 19-A of the New York State Vehicle and Traffic Law. All questions pertaining to this form and/or the Article 19-A Program should be directed to: New York State Department of Motor Vehicles, Bus Driver Unit, 6 Empire State Plaza, Rm 331, Albany NY 12228, (518) 473-5455.

Signature of Employer/Agent X ___________________________ Date __________

dmv.ny.gov
Dear Applicant,

In considering you for a position with the Ballston Spa Central School District Transportation Department, we will be pulling a driving abstract from the New York State DMV. It is our policy that all persons applying for employment with us, have a good driving record. The abstract is kept in our files with your application packet for our records.

Please fill out the information below:

Name on Driver’s License: _____________________________________________

Current Address: ___________________________________________________

Driver’s License Number: ____________________________________________

Class of License: ___________________________________________________

Date of Birth: _____/_____/

I consent to my driving abstract being run by the Ballston Spa Central School District and understand that this information will not be shared with any other party, but will be kept with my application for employment.

Applicant Signature: ____________________________________________ Date: _____/_____/

REV: 12/2017
Candidate: ____________________________ Date: ______/____/______

In your own handwriting, please tell us why you have applied for this position and why you should be considered a strong candidate.
REFERENCE INQUIRY

Date: _____ / _____ / ______

Dear Sir/Madam:

___________________________ has applied for the position of school bus driver or bus attendant for the Ballston Spa Central School District. I would appreciate your honest comments regarding the applicant’s ability and character. Your answers will be kept confidential.

Sincerely,

Sherry Demers
Transportation Coordinator

Reference Name: ________________________________________________________

Address: __________________________________________________________________

Phone: (H) __________________ (C) __________________ (W) __________________

Relationship to applicant: ________________________________________________

How long have you known the applicant? ____________________________________

ABILITY: Please state briefly why you feel that the applicant would or would not be a successful bus driver or bus attendant.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

CHARACTER: Please state your opinion of this applicant’s character and whether he/she is a desirable person to work with school age children.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: ____________________________ Date: _____ / _____ / ______

REV: 12/2017
Date: ___/___/_____

Dear Sir/Madam:

[Name] has applied for the position of school bus driver or bus attendant for the Ballston Spa Central School District. I would appreciate your honest comments regarding the applicant’s ability and character. Your answers will be kept confidential.

Sincerely,

Sherry Demers
Transportation Coordinator

Reference Name: _______________________________________________________

Address: _____________________________________________________________

______________________________________________________________

Phone: (H)__________________(C)__________________(W)__________________

Relationship to applicant: _____________________________________________

How long have you known the applicant? ________________________________

ABILITY: Please state briefly why you feel that the applicant would or would not be a successful bus driver or bus attendant.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

CHARACTER: Please state your opinion of this applicant’s character and whether he/she is a desirable person to work with school age children.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: ____________________________ Date: ___/___/_____

REV: 12/2017
REFERENCE INQUIRY

Date: __/__/______

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Transportation Coordinator

Reference Name: ________________________
Address: ________________________________

Phone: (H)_________________ (C)_________________ (W)_________________

Relationship to applicant: ________________________________

How long have you known the applicant? ________________________________

ABILITY: Please state briefly why you feel that the applicant would or would not be a successful bus driver or bus attendant.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

CHARACTER: Please state your opinion of his applicant’s character and whether he/she is a desirable person to work with school age children.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Signature: ________________________________ Date: __/__/______