

SOUTHEAST DELCO SCHOOL DISTRICT
1560 DELMAR DRIVE
FOLCROFT, PA 19032

The Southeast Delco School District is an equal opportunity employment, education, and service organization.

Application for Employment for Bus Driver and Van Driver

Please PRINT all information requested on this form unless otherwise designated.

Name: _____ Date: _____
Address: _____ Home Phone: _____
City, State, Zip: _____ Cell Phone: _____
Social Security: _____

Are you legally eligible for employment in the USA? Yes No If under 18, state age: _____

Have you ever been employed by SEDELCO? Yes No If Yes, give dates: _____

Have you ever been convicted of a crime other than a summary offense? Yes No If Yes, explain
(a "Yes" answer will not necessarily disqualify you from consideration for employment.)

Do you suffer from any sight, hearing or health problems which could limit your responsibilities as a bus driver? Yes No If Yes, explain: _____

Military Service Record

Have you served in the United States Armed Forces? Yes No

Highest Rank Attained: _____ Branch of Service: _____

Dates of Service: _____ Type of Discharge: _____

Date available for work: _____

Are you willing to substitute? Yes No

Expected wage or salary: \$ _____

Available to work: Part Time

Education and Training Information – Please list all relevant educational background

School	Name, City, State	Years Completed	Course of Study	Diploma/Degree
High School				
College or University				
Trade or Technical School				
Other				

Work Experience

Please fill out employment history starting from most current

Employer:	Job Title:
Address:	Dates of Employment: From: _____ To: _____
Telephone:	Name of Supervisor:
Reason for Leaving:	Last Hourly Rate/Salary: \$
Description of Duties:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Job Title:
Address:	Dates of Employment: From: _____ To: _____
Telephone:	Name of Supervisor:
Reason for Leaving:	Last Hourly Rate/Salary: \$
Description of Duties:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Job Title:
Address:	Dates of Employment: From: _____ To: _____
Telephone:	Name of Supervisor:
Reason for Leaving:	Last Hourly Rate/Salary: \$
Description of Duties:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you had any work related experiences with school age children? Yes ____ No ____

If Yes, please describe: _____

References

Please give names of those acquainted with your work, but not related to you. Do not repeat supervisors listed above.

Name	Title	Business	Phone #

Driving Experience

Do you have a School Bus Driver's Permit? Yes ____ No ____

Do you have a School Bus Driver's License? Yes ____ No ____

What is your Pennsylvania Driver's License Number? _____

List the Types of motor vehicles you have operated _____

Do you have any mechanical experience? Yes No If Yes, explain: _____

Have you ever been convicted of any Motor Code Violation? Yes No If Yes, explain: _____

Have you had any vehicle licenses REVOKED or RESTRICTED in the past? Yes No If Yes, explain the circumstances and the type of license involved: _____

Do you have any judgments standing against you from PROPERTY DAMAGE or PERSONAL INJURY?
 Yes No If Yes, explain: _____

Do we have your permission to contract the Pennsylvania Department of Transportation, past employers and reference to make inquiries on your driving record? Yes No

I hereby give the Southeast Delco School District the right to perform a thorough investigation of past employment, education, criminal convictions, and motor vehicle driving record; and I release from any liability all persons, school districts, companies, and corporations supplying such information. I indemnify the Southeast Delco School District against any liability, which might result from making such an investigation. I understand that any false, misleading, or incorrect answer or statement made by me in this application shall be considered sufficient cause for denial of employment or, if employed, may be cause for my termination. I understand that all employees must submit an Act 34, Act 151 and FBI clearance and have a TB test and physical examination before employment can begin.

You are authorized to verify all information contained in this application or oral interview. I further understand that this is an employment application and not an employment contract.

Signature: _____ Date: _____