

BUS DRIVER APPLICATION PROCEDURES

Thank you for the interest that you have shown in Florence County School District Three. In order to be eligible for a bus driver position in Florence County School District Three, you must successfully complete the following procedures:

1. **APPLICATION FORM & APPLICATION FEE**

Complete the application and S-4A form and return them to the Department of Human Resources.

2. **REFERENCES**

Send the attached reference forms and self-addressed envelopes to those persons listed as references on the application form- **(work or educational references, only)**. An application will be considered only when two (2) satisfactory references have been returned.

3. **DRIVING RECORD & ID's**

You must submit a ten (10) year driving record along with your application. You may obtain your driving record at any S. C. Highway Department. Also, please provide a copy of your driver's license and social security card.

4. **CRIMINAL RECORD INVESTIGATION**

The school district will request a criminal investigation on all completed applications and initially employed bus drivers. Individuals seeking employment as substitute bus drivers will also be subject to a criminal investigation. Persons with a criminal record history from SLED for past convictions may be terminated as deemed appropriate by the Superintendent. Misrepresentations or omissions of factual information at any level of the process are also grounds for immediate termination of employment of the application process.

5. **SCREENING COMMITTEE**

Once an acceptable SLED report and satisfactory references have been received, you will be considered for an interview with a screening committee. The screening committee will be composed of at least two people, the Director of Transportation and another administrator as deemed appropriate for the position. The Transportation Department will notify you of the results of your initial screening in writing. A copy of the results will be kept on file in the Department of Human Resources.

6. **BUS DRIVER TRAINING PROGRAM**

Successful candidates will be recommended for admission to the Bus Driver Training Program. The Director of Transportation will notify the applicant of proper registration procedures. The Driver Training Program will consist of initial classroom instruction, an in-service seminar, Behind The Wheel Training (BTW) and Department of Motor Vehicle (DMV) testing.

7. **EMPLOYMENT**

Once you have successfully completed the Driver Training Program, your name will be placed on the District's list of eligible drivers. This means that you will be eligible for employment as a full-time, substitute, or an emergency driver. Vacancy announcements will be posted.

Florence County School District Three

An Equal Opportunity, Title IX Employer
Application for Classified Employment

District Office use only:

_____ Driving Record

_____ CDL

☐ **School Bus Driver**

☐ **Mini Passenger Bus Driver**

Date of Application: _____

Last Name

First Name

Middle Name

Maiden Name

Any former names used

Street or P. O. Box #

City

State

Zip Code

Date of Birth: _____ Social Security No.: _____ Home Phone: _____

SC Driver's License No.: _____ Do you possess a current CDL? Yes _____ No _____

CDL No.: _____ (Attach copy)

In the event of an emergency, please contact: _____
(Name)

(Address)

(Telephone number)

EDUCATION

Name of School

Address

Dates (From/To)

Certificate/Diploma

High School: _____

Other Education: _____

DRIVING RECORD

Have you had any type of vehicle accident in the last three years? Yes _____ No _____

If, yes, give dates and explain: _____

Have you been convicted of a moving traffic violation in the last three years? Yes _____ No _____

Number of points on your driver record at present: _____

Has your driver's license been suspended or revoked during the last five year? Yes _____ No _____

If yes, give dates and explain: _____

Do you have in your possession a valid driver's license from another state? Yes _____ No _____

If yes, indicate state: _____ License Number: _____

Have you ever been convicted of any misdemeanor or felony? Yes _____ No _____

If yes, explain, severity and date of offense: _____

Do you have any disabilities or limitations that would prevent you from performing the job duties in the position that you are applying for? ☐ Yes ☐ No

Are you a U.S. Citizen? ____ Yes ____ No

If no, complete the following: Current work status: _____ Type of Visa: _____
Sponsor Type and Name: _____ Expiration of Visa: _____

Experience driving school bus (years)? _____ Date of Employment: _____

County/District by whom employed: _____

REFERENCE
(PERSONS QUALIFIED TO EVALUATE YOUR EDUCATION OR EXPERIENCE)

Names	Address	Telephone number	Position
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS EMPLOYMENT
(Starting with most recent employment)

Employer: _____ Address: _____ Telephone _____

Positions Held: _____ Name of Supervisor: _____

Employment Dates: _____ Reasons for Leaving: _____

Employer: _____ Address: _____ Telephone _____

Positions Held: _____ Name of Supervisor: _____

Employment Dates: _____ Reasons for Leaving: _____

Employer: _____ Address: _____ Telephone _____

Positions Held: _____ Name of Supervisor: _____

Employment Dates: _____ Reasons for Leaving: _____

Personal Statement

Please give a brief statement below regarding your qualifications (strengths and weaknesses). Include comments on the ways in which you feel your training and experiences have contributed to your qualifications for the position you desire. Use an additional sheet of paper if more space is needed.

Applicants are responsible for sending an appropriate Reference Form to each person listed on this application as a reference. Applications will be retained in the active file from October 1 of the current school year through September 30 of the following school year. If you desire to reactive your application, please notify the District Office in writing. Non-reactivated applications will be destroyed after two years.

I hereby certify that the above information has been correctly given. I understand that misrepresentation or omission of actual information may be cause for dismissal should I be employed by Florence School District Three. I also understand that in the course of evaluating this application, Florence District Three will make such inquiries into my past employment and activities as are considered necessary.

Date: _____ Signature: _____

**FLORENCE COUNTY SCHOOL DISTRICT THREE
EQUAL EMPLOYMENT OPPORTUNITY REPORTING AND RESEARCH SURVEY**

Dear Applicant:

The information that is requested in this section is necessary to satisfy Federal Equal Opportunity reporting and research requirements. This information is immediately removed upon receipt and placed in a separate Affirmation Action File. This information is NOT used to evaluate your application.

DATE APPLIED

EMPLOYMENT DESIRED

LAST NAME

FIRST

SOCIAL SECURITY NUMBER

ETHNIC GROUP: BLACK ____ WHITE ____ HISPANIC ____ ASIAN-AMERICAN ____
 AMERICAN INDIAN ____ OTHER (SPECIFY), _____

SEX: MALE ____ FEMALE ____

DATE OF BIRTH: _____

Please indicate the referral source, which caused you to apply for employment with Florence County School District Three:

_____ College Placement Office

_____ Newspaper Ad (Specify _____)

_____ Job Service

_____ Community Organization

_____ School District Employee

_____ Special Publication

_____ Walk-In

_____ Other (Specify _____)

_____ Internet

SIGNATURE

DRIVER INFORMATION AND EVALUATION FORM

(SDE RECOMMENDS THAT INFORMATION GENERATED BY COMPLETING THIS FORM BE RETAINED BY EMPLOYING DISTRICT AS PART OF THE DISTRICT'S APPLICATION FILE AND PERMANENT DRIVER FILE)

TO BE COMPLETED BY PERSPECTIVE SCHOOL BUS DRIVERS AND ALL CURRENT SCHOOL BUS DRIVERS APPLYING FOR LICENSE RENEWAL

Driver's license information: Indicate State _____ License No. _____

Registrant may be REFUSED admission into the school bus driver-training program or current school bus driver's driving privileges DENIED if the registrant or driver answers yes to any of the following questions:

1. Have you ever been convicted of a sex offense or crimes of violence involving force on minors? Yes ___ No ___
2. Have you ever been convicted of a crime involving violence, threats of violence, or theft? Yes ___ No ___
If yes, please provide date of conviction: _____.)
3. Have you ever been convicted of a crime involving drugs or alcoholic beverages? Yes ___ No ___
(If yes, please provide date of conviction: _____.)
4. Within the past three years, have you been convicted of any violation involving hit-and-run driving under the influence of intoxicants, reckless driving, fleeing or attempting to elude a law enforcement officer, or failure to perform legal duties of a driver involved in an accident or collision that resulted in injury or death of any person. Yes ___ No ___
5. Have you ever been convicted of operating a vehicle in the commission of a felony, involuntary manslaughter, or child endangerment? Yes ___ No ___
6. Within the past three year has your driver's license been suspended by the Division of Motor Vehicles of any state for a cause involving the unsafe operation of a motor vehicle? Yes ___ No ___
7. Have you ever had your driving privileges revoked or suspended as a habitual offender? Yes ___ No ___
8. Number of points on your current driving record at present: _____
9. As a valid licensed driver, do you have less than one year's vehicular driving experience? Yes ___ No ___
10. Have you ever been employed as a school bus driver? Yes ___ No ___
11. Have you ever been dismissed from a school bus driver position? Yes ___ No ___

I certify that the information provided is correct and true to the best of my knowledge. My signature represents consent to release my driving record information. I understand that supplying false information may result in my not being considered for employment or, if I am employed, shall be considered sufficient cause for dismissal. I acknowledge that I will be required to pass a physical performance test, to submit to and pass a drug screening for illegal drugs, and will be subject to a criminal background check.

SIGNATURE OF REGISTRANT/DRIVER

DATE

DISTRICT OFFICE USE ONLY

I CERTIFY THAT I HAVE CAREFULLY EVALUATED THE QUALIFICATION OF THE REGISTRANT/ DRIVER AND RECOMMEND THE FOLLOWING ACTION:

____ Applicant/driver be admitted into South Carolina school bus driver training program. If applicant/driver answered yes to any of the above questions, please use reverse side to provide justification for employment.

____ Registrant/driver be rejected for admission into the South Carolina school bus driver training program

REASON FOR REJECTION:

- ____ Does not possess a valid driver's license
____ Bad driving record
____ Criminal background
____ History of drug/alcohol abuse
____ Conviction of a sex offense and/or crimes of violence force on minors
____ Other – Explain: _____

SIGNATURE OF SCHOOL OFFICIAL

DATE

FLORENCE COUNTY SCHOOL DISTRICT THREE
P. O. DRAWER 1389
LAKE CITY, SOUTH CAROLINA 29560
(843) 374-8652

PARAPROFESSIONAL REFERENCE FORM

The person named below is applying for a position as shown. As a part of our employee selection process, we require that an applicant furnish us with ratings of past performance and conduct. **We ask that the references come from persons whom you have worked with or taught you in an educational setting.** The applicant's signature below indicates waiver of the right to see this form; therefore, the information you provide on this form may be considered confidential and for the use of school district administrators who are considering this person for employment. When you have completed the form, please return it to us in the attached self-addressed envelope.

NAME: _____
First Middle Last

POSITION FOR WHICH APPLICANT IS APPLYING: _____

NAME OF REFERENCE: _____

ADDRESS OF REFERENCE: _____

APPLICANT: Many people will not complete this reference unless confidentiality can be assured. If you wish this reference to be confidential, please sign and date the waiver below. All applicants and accompanying records become the property of the district and are not available to candidates.

WAIVER OF ACCESS: I, the undersigned, waive any right to access this reference.

Signature: _____ Date: _____

1. Outstanding, 2. Above Average, 3. Average, 4. Below Average, 5. Unknown

Personality		Regularity of Attendance	
General Health		Initiative	
Personal Appearance		Job Skills in Position Sought	
Dependability		Ability to Work Independently	
Promptness		Ability to work with Others	

How long and in what capacity have you known the applicant? _____

Is the applicant open-minded and receptive to suggestions? __ Yes __ No Could this applicant remain in his/her present position? __ Yes __ No __ N/A. If no, why not? _____. If this applicant were applying to you for a similar position and you had a vacancy, would you favor his/her selection? __ Yes __ No

Does this applicant have any physical, social, or other peculiarities or habits, which would make him/her undesirable for the position sought? _____

Do you prefer talking to us by phone? _____ Telephone Number: _____

Additional Comments: _____

Date: _____ Signature: _____ Title: _____

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