



Anderson School District One  
P. O. Box 99  
Williamston, SC 29697  
864-847-7344 or 864-235-8768  
[www.anderson1.k12.sc.us](http://www.anderson1.k12.sc.us)

## **BUS DRIVER EMPLOYMENT APPLICATION PROCESS**

In order to be considered for employment as a bus driver in Anderson School District One, all of the following steps must be completed.

1. Complete employment application to the Personnel Office  
Include:
  - A copy of your driver's license and DOT card (*if applicable*)
  - Complete mailing address for your references on the application (*Our office will mail a reference form to the person listed to complete.*)
  - Complete Criminal Record History Form
  - Complete Application for School Bus Driver Training
  - Complete Driver Information and Evaluation Form
  - Medical Examination Report
  
2. Three professional references  
The Personnel Office will send for your references. Please note that it is your responsibility to ensure that all references are returned.
  
3. Preliminary interview with Mr. Benny Bridges  
The Transportation Office will contact you to schedule a time for a preliminary interview.

Completion of these steps will place you on active status making you eligible for school interviews. If you have any questions concerning the application process, please contact the Personnel Office at (864) 847-7344 or (864) 235-8768.



**WORK EXPERIENCE** *(List most current first.)*

	<b>Name of Employer</b>	<b>Address</b>	<b>Title of Positions</b>	<b>Kind of Work</b>	<b>Dates</b>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

**REFERENCES** *(List three professional contacts, not relatives, who are familiar with your work habits and skills.)*

	<b>Name</b>	<b>Position</b>	<b>Complete Mailing Address</b>	<b>Phone</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I certify that the information provided on this application is true and complete to the best of my knowledge, and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

I authorize person, schools, my current employer, my previous employer, and other organizations I have named in this application, to provide the District with any relevant information that the District may require. I further release all parties providing information from any and all liability or claims for damages that may result from the disclosure or use of this information. I also understand that my employment is conditional upon the District's receipt of a satisfactory Criminal Record History report. I understand that the failure to complete all sections, or sign the application, may result in the application being returned for completion causing delay or possible disqualification.

I have read this application in its entirety.

\_\_\_\_\_  
Signature of Applicant

**WAIVER OF REVIEW OF CONFIDENTIAL RECOMMENDATION**

I hereby waive and relinquish all rights to review the contents of reference letters and/or forms from former employers and/or references named in my application for employment with Anderson School District One, provided such documents are used solely for the purpose of evaluation of my application for employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Anderson School District One does not discriminate based on race, color, national origin, religion, sex, age, disability, or citizenship status. Your response to the questions contained on this application will be used only as relevant to the position you are seeking.

**DRIVER INFORMATION AND EVALUATION FORM**

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

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

CHECK ONE: PROSPECTIVE DRIVER \_\_\_\_\_ RENEWAL DRIVER \_\_\_\_\_

Registrant's Name \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

School District Name \_\_\_\_\_ School Name \_\_\_\_\_

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

**Prospective and Renewal Drivers:**

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, threat of violence, or theft? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please provide date of conviction \_\_\_\_\_.)
3. Have you ever been convicted of a crime involving activity in 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, 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 years, 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 driving record at present: \_\_\_\_\_ ("0" if you have a MVR free of violations.)
9. Have you ever been dismissed from a school bus driver position? Yes \_\_\_\_\_ No \_\_\_\_\_

**Prospective Drivers Only:**

10. As a valid licensed driver, do you have less than one year's vehicular driving experience? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Have you ever been employed as a school bus driver? 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

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

\_\_\_\_\_ Applicant/driver be admitted into the 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 involving force on minors |                                     |

\_\_\_\_\_ Other Explain: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF SCHOOL OFFICIAL

\_\_\_\_\_  
DATE



# APPLICATION FOR SCHOOL BUS DRIVER TRAINING

(Please print)

Name: \_\_\_\_\_  
First
Middle
Last

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Soc. Security No.: \_\_\_\_\_ S.C. Driver's License No.: \_\_\_\_\_

Are you a high school graduate? \_\_\_\_\_ If not, highest grade completed: \_\_\_\_\_

Are you now attending school? \_\_\_\_\_ Grade \_\_\_\_\_ School: \_\_\_\_\_

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 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give dates and explain: \_\_\_\_\_

Have you ever been convicted of any misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain nature, severity and date of offense: \_\_\_\_\_

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

County/district by whom employed: \_\_\_\_\_

Physical Condition: If you have ever had any of the following, check which: Epilepsy \_\_\_\_\_ Convulsion \_\_\_\_\_

Arthritis \_\_\_\_\_ Paralysis \_\_\_\_\_ Insanity \_\_\_\_\_ Diabetes \_\_\_\_\_ Cancer \_\_\_\_\_ Tuberculosis \_\_\_\_\_

Heart Ailments \_\_\_\_\_ Abnormal Blood Pressure \_\_\_\_\_ Defective Hearing \_\_\_\_\_

Back Injury? Yes \_\_\_\_\_ No \_\_\_\_\_ Lameness or Deformity? Yes \_\_\_\_\_ No \_\_\_\_\_

**Employment Record (Last two employers)**

1. \_\_\_\_\_ ( ) \_\_\_\_\_ Date employed \_\_\_\_\_ to \_\_\_\_\_  
 Employer Phone  
 Reason for leaving: \_\_\_\_\_

Address \_\_\_\_\_

2. \_\_\_\_\_ ( ) \_\_\_\_\_ Date employed \_\_\_\_\_ to \_\_\_\_\_  
 Employer Phone  
 Reason for leaving: \_\_\_\_\_

Address \_\_\_\_\_

**References, not relatives or former employers**

Name	Address	Phone
		( )
		( )
		( )

I have read this information carefully and certify that the information given is correct and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. Authorization is hereby given to the school district to investigate my records with past employers, schools, police, FBI, and driver records. I hereby consent to be tested for drugs and/or alcohol at the discretion of the school district and understand positive test results could be cause for dismissal. I hereby release all sources from all liability.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**For office use only:**

\_\_\_\_\_ Recommended \_\_\_\_\_ Rejected

\_\_\_\_\_ Date Hired

\_\_\_\_\_ Date Terminated

\_\_\_\_\_ Date  
 Transportation Supervisor

# Anderson School District One

P.O. Box 99  
Williamston, SC 29697

Dr. R. Wayne Fowler, Superintendent  
Telephone: 864-847-7344/864-235-8768  
Fax: 864-847-3543  
www.anderson1k12.sc.us

## Criminal Record History for Initial Employment

Please complete the following information and return this form with your application.  
The Personnel Office will conduct the criminal record history check.

**(Please Print Clearly)**

Name(s): \_\_\_\_\_  
Last First Middle Maiden

Any Previous Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I understand that my employment is conditional upon the District's receipt of a satisfactory criminal history record. I authorize the District to obtain my criminal history record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_