

**SCHOOL BUS INC.**  
5100 W. 8TH STREET  
SIOUX FALLS, SOUTH DAKOTA 57107

**APPLICATION FOR EMPLOYMENT**

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**Position applied for:** \_\_\_\_\_ **Date** \_\_\_\_\_  
\_\_\_\_\_ Clerical \_\_\_\_\_ Mechanical \_\_\_\_\_ Driver \_\_\_\_\_ Aide  
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South Dakota Codified Laws and Constitution enacted by the Legislature of South Dakota has amended Section 1 that Chapter 13-10 to add an act to require a criminal background check of school employees and contracted employees done through fingerprinting. Fingerprinting will be done by Sioux Falls School District and submitted to the Division of Criminal Investigation and the Federal Bureau of Investigation for purposes of conducting criminal background checks. The information will be made available to Sioux Falls School District for purposes of employment. I agree to submit to the required fingerprinting and give my permission to release all information from Sioux Falls School District to School Bus Inc. I also authorize SBI to check my motor vehicle driving record.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

**PERSONAL DATA**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Any other names you have used: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_  
Class: \_\_\_\_\_ Restrictions: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Have you ever tested positive for drugs or alcohol? \_\_\_ yes \_\_\_ no. If yes, state when and where?: \_\_\_\_\_  
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Have you ever been charged with or convicted of a felony? \_\_\_ yes \_\_\_ no. If yes, state where, when and the offense: \_\_\_\_\_

Have you ever been charged with or convicted of any other criminal offense not including traffic violations: \_\_\_ yes \_\_\_ no. If yes, state where, when and the offense: \_\_\_\_\_

Have you held a Commercial Driver's License within the past ten years? \_\_\_\_\_ If yes, what state? \_\_\_\_\_

Have you ever applied for employment with us? \_\_\_\_\_ If yes: Month/Year \_\_\_\_\_

Are you available for full-time work? \_\_\_ yes \_\_\_ no Hours available: \_\_\_\_\_

When will you be available for work? \_\_\_\_\_ Pay expected: \$ \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_ yes \_\_\_ no

**EDUCATION**

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School Name/Location Course of study Yrs. completed Graduated  
High School \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_yes\_\_\_no  
College \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_yes\_\_\_no  
Trade or Business \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_yes\_\_\_no  
Military \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_yes\_\_\_no  
Any special training that you have had that could benefit you in this job? \_\_\_\_\_  
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## Notice to Prospective Employees

The Federal Motor Carrier Safety Administration requires that we investigate the safety performance history of any driver applicant who has worked during the past three years for any employer regulated by the U.S. Department of Transportation. If you have been employed by an interstate motor carrier or in a safety-sensitive position for any motor carrier where you were subject to drug and alcohol testing, this applies to you.

You have the following rights regarding the information that we receive from your previous employers as a result of this required investigation:

- 1) The right to review information provided by your previous employer;
- 2) The right to request that your previous employer correct errors in the information and resend the corrected information to us;
- 3) The right to attach a rebuttal statement to the alleged erroneous information, if you and your previous employer cannot agree on the accuracy of the information.

If you wish to review the information provided by your previous employers, you must submit a written request to us. This can be done when you submit your application or up to 30 days after you are hired or denied employment. We will provide the information to you within five (5) business days of receiving your request, unless we have not yet received the information from your previous employers. In that case, we will provide it within five (5) business days of receiving the information. If you have not arranged to pick up the requested records within thirty (30) days of the date we notify you that they are available, we will consider that you have waived your request, and the information will no longer be available to you.

If you believe that there is an error in the information from your previous employer, you may send a request for correction of the information to that employer. That employer must either correct the information and send it to us or notify you within fifteen (15) days that they do not agree with you and will not correct the information.

If you want to rebut (disagree with) any information in the records we receive from your previous employers, you must send your rebuttal to that employer telling them to include the rebuttal in your safety performance history. Within five (5) business days of receiving your request, that employer must send a copy of your rebuttal to us. You may submit a rebuttal whether or not you request a correction of the records.

If a previous employer fails to correct information or to notify you that they do not agree to correct the information, or if they fail to include your rebuttal as part of the safety performance information, you may report that employer to the FMCSA by sending a written complaint to the Assistant Administrator, Federal Motor Carrier Safety Administration, 400 7<sup>th</sup> Street, S.W., Washington, D.C. 20590.

*I have received an explanation of my rights under 49 CFR 391.23 and hereby give my consent to query my former employers concerning my safety performance.*

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signature

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date

Nearest relative: \_\_\_\_\_  
Address \_\_\_\_\_

Phone # \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact person: \_\_\_\_\_  
Address \_\_\_\_\_

Phone # \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Employment for the past ten years**

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Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Work Description \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Phone # : (\_\_\_\_) \_\_\_\_\_  
Dates employed: \_\_\_\_\_ To \_\_\_\_\_  
Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title \_\_\_\_\_

Was job subject to the FMCSR? \_\_\_ yes \_\_\_ no. Were you subject to drug and alcohol testing? \_\_\_ yes \_\_\_ no

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Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Work Description \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Phone # : (\_\_\_\_) \_\_\_\_\_  
Dates employed: \_\_\_\_\_ To \_\_\_\_\_  
Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title \_\_\_\_\_

Was job subject to the FMCSR? \_\_\_ yes \_\_\_ no. Were you subject to drug and alcohol testing? \_\_\_ yes \_\_\_ no

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Address: \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Work Description \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Phone # : (\_\_\_\_) \_\_\_\_\_  
Dates employed: \_\_\_\_\_ To \_\_\_\_\_  
Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title \_\_\_\_\_

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Dates employed: \_\_\_\_\_ To \_\_\_\_\_  
Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Job Title \_\_\_\_\_

Was job subject to the FMCSR? \_\_\_ yes \_\_\_ no. Were you subject to drug and alcohol testing? \_\_\_ yes \_\_\_ no

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Explain any gaps in employment: \_\_\_\_\_

Have you ever been discharged by a prior employer? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, for what reason: \_\_\_\_\_

How many days were you absent in the last five years without prior permission of your employer for reasons other than illness of yourself or an immediate family member? \_\_\_\_\_

Explain, if necessary: \_\_\_\_\_

How many days in the past five years were you tardy in reporting for work for reasons other than illness of yourself or an immediate family member? \_\_\_\_\_ Explain \_\_\_\_\_  
 Where did you learn about the job opening? \_\_\_Fox T.V. \_\_\_Cable T.V. \_\_\_Newspaper \_\_\_School Bus  
 \_\_\_Radio \_\_\_Other, explain: \_\_\_\_\_

**Accident record for the past three years**  
 (starting with the most recent)

	Date of accident	Nature of accident	Injuries/Fatalities
Accident:	_____	_____	_____
Accident:	_____	_____	_____
Accident:	_____	_____	_____
Accident:	_____	_____	_____

**Traffic charges, convictions and forfeitures for the past 5 years** (excluding parking tickets)

City, State	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license/permit or privilege to operate a motor vehicle? \_\_\_\_\_

If yes, explain why. \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ If yes, explain why \_\_\_\_\_

Have you ever been charged with or convicted of DWI? \_\_\_ yes \_\_\_ no

**Personal References (list three)**

Name: _____	Phone #(____) _____
Address: _____	City: _____ State: _____
Name: _____	Phone #(____) _____
Address: _____	City: _____ State: _____
Name: _____	Phone #(____) _____
Address: _____	City: _____ State: _____

The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that if I am hired, I will be an "at will" employee, i.e. I may quit at any time or be fired at any time without cause. All applicants hired will serve a 90-day probationary period. EOE/AA/M/F/D/H. I understand that all hourly pay is based on route times. I understand that interstate travel may be expected at any time. I understand that my training is at the expense of SBI. If for any reason I do not complete 60 days of employment, I am responsible to reimburse SBI for the expense incurred during my training. This will include but not be limited to; hourly pay for the trainer, hourly pay for the tester and third party testing fee. The reimbursement will be determined by management and can be subject to waiver at the sole discretion of management. Prior to performing a safety-sensitive function for School Bus Inc., included but not limited to driving, the applicant shall undergo testing for alcohol and controlled substances as a condition of employment. I understand that I am responsible to pay for said testing and will be reimbursed upon the issuance of my commercial driver license.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature