

Birnie Bus Service, Inc. Corporate Office

PO Box 630
248 Otis Street
Rome, New York 13442-0630
Tel. (315) 336-3950 Fax (315) 281-0042

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS TO THE APPLICANT

1. Any applicant who provides unrequested information will automatically be rejected.
2. Disabled applicants can request any accommodation needed to enable them to complete the application.
3. In Compliance With Federal And State Equal Employment Opportunity Laws, Qualified Applicants Are Considered For All Positions Without Regard To Race, Color, Religion, Sex, National Origin, Age, Marital Status, Or Non-Job Related Disability.
4. By State Law, Certain Convictions May Disqualify You From Working in a School District.
5. Please provide all information as requested, unless marked as optional.

Date of Application ___ / ___ / ___

Position Applied for: Driver Monitor Mechanic Other: _____

Location Applied At: Rome Utica Ilion Syracuse Pt. Byron Cortland Ithaca Richfield Springs Hamilton
Corning Oneonta Lowville Chenango Forks

PERSONAL INFORMATION

Name (Last, First, Middle Initial, Suffix) _____

Current Street Address _____

City _____ State ___ Zip _____ - _____

Social Security Number _____ - _____ - _____ Home Phone (_____) _____ - _____

Have you worked for this company before? YES or NO If YES, where? _____

When? From ___ / ___ / ___ to ___ / ___ / ___ Reason For Leaving _____

How did you hear about us? Newspaper ad? ___ Agency? ___ Which Paper or Agency? _____

Radio? ___ TV? ___ What station? _____ What Time Did You Hear/See It? _____

Walk in? ___ Friend? ___ Relative? ___ Birnie Employee? ___ Name _____

Do you have the legal right to work in the United States? (Please Circle) YES or NO
(If hired, you will be required by law to complete a Form I-9, Employment Eligibility Verification.)

If No, please explain _____

RATE OF PAY EXPECTED: _____ per _____

AVAILABILITY FOR WORK - Check below if NO RESTRICTIONS, otherwise circle days & hours you will be available.

<u>Days</u>	<u>Hours Available</u>	ALWAYS AVAILABLE <input type="checkbox"/>
Sunday	12Midnight -1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Noon - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Midnight	
Monday	12Midnight -1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Noon - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Midnight	
Tuesday	12Midnight -1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Noon - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Midnight	
Wednesday	12Midnight -1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Noon - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Midnight	
Thursday	12Midnight -1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Noon - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Midnight	
Friday	12Midnight -1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Noon - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Midnight	
Saturday	12Midnight -1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Noon - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Midnight	

ADDRESS(ES) FOR PAST THREE YEARS - How Long At Present Address? Years ____ Months ____

Street _____	City / State / Zip _____	How Long? ____ / ____
Street _____	City / State / Zip _____	How Long? ____ / ____
Street _____	City / State / Zip _____	How Long? ____ / ____

EMERGENCY CONTACT -

Name _____ Phone (____) _____ - _____

EDUCATION - Circle Highest Grade Completed

1 2 3 4 5 6 7 8 Elementary School	9 10 11 12 High School	13 14 15 16 College	17 Graduate School	18+ Professional Degree
<u>Name / City</u>			<u>Course of Study / Major</u>	
High School _____				
Undergraduate College _____				
Graduate / Professional _____				

Describe any specialized training, apprenticeship, skills, extra-curricular activities you think may be pertinent to this job.

(Optional) List any professional, trade, business, or civic activities and offices held.

DRIVERS AND MONITORS: As part of the employment process, you will be required to pass a physical performance test, which includes dragging an object weighing 125 lb. and other emergency skills. Is there any reason you might be unable to perform these functions of the job for which you have applied? YES NO If YES, please explain _____

No applicant will be automatically disqualified from consideration based on physical skills alone, unless they have a bearing on the particular job applying for.

EMPLOYMENT HISTORY

ALL APPLICANTS must provide employment information for the past 3 years. Employment references will be checked.

DRIVER APPLICANTS must also provide an additional 7 years (10 YEARS TOTAL) information on those employers for whom the applicant operated such vehicles. List employers in reverse order **STARTING WITH THE MOST RECENT**. Use reverse-side if additional space needed.

LAST OR PRESENT EMPLOYER.			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATES EMPLOYED	
EMPLOYER				From Mo/Yr	To Mo/Yr	
ADDRESS						
CITY		STATE	PHONE		SALARY/WAGE	
JOB TITLE		SUPERVISOR		Starting	Final	
WORK PERFORMED				per	per	
REASON FOR LEAVING						

PREVIOUS EMPLOYER.			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATES EMPLOYED	
EMPLOYER				From Mo/Yr	To Mo/Yr	
ADDRESS						
CITY		STATE	PHONE		SALARY/WAGE	
JOB TITLE		SUPERVISOR		Starting	Final	
WORK PERFORMED				per	per	
REASON FOR LEAVING						

PREVIOUS EMPLOYER.			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATES EMPLOYED	
EMPLOYER				From Mo/Yr	To Mo/Yr	
ADDRESS						
CITY		STATE	PHONE		SALARY/WAGE	
JOB TITLE		SUPERVISOR		Starting	Final	
WORK PERFORMED				per	per	
REASON FOR LEAVING						

HAVE YOU EVER BEEN CONVICTED OF A FELONY CRIME: YES NO

If so: Date of conviction: _____

Please note: No applicant will be automatically disqualified from consideration based on a criminal history alone. Disqualification will occur only if the crime has a bearing on the particular job applying for.

CHARACTER REFERENCES

Please provide names and phone numbers of three (3) people, not related to you, who will provide character references on your behalf.

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

PLEASE READ & INITIAL EACH STATEMENT. SIGN NEXT TO THE "X".

____ TRUE AND COMPLETE: This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

____ PRE-EMPLOYMENT PHYSICAL AND DRUG SCREEN: Inquiries regarding medical history -- including a physical -- will be made only if and after a conditional offer of employment has been extended. As prescribed by federal and state laws or as required by contract, I understand that as a condition of my employment, a pre-employment drug screen will be required for which a negative result must be received prior to the first day of employment.

____ ADDITIONAL DRUG SCREENS: I understand that as part of my continued employment that I may be subject to random drug screening as mandated by federal and state law(s); that I must submit to an alcohol / drug screen if I am involved as a driver in a motor vehicle accident; and, that the company may request that I submit to an alcohol / drug screen if there is reasonable suspicion that I am under the influence of a foreign substance.

____ ADDITIONAL PHYSICALS: I understand that my continued employment as a school bus driver will require that I undergo annual physical examinations as mandated by federal and state law(s).

____ RELEASE FROM LIABILITY: I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

____ FALSE OR MISLEADING INFORMATION: In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

____ AT-WILL EMPLOYER: Birnie Bus Service, Inc. is an at-will employer residing in the State of New York.

X _____ / /
Applicant Signature Date