

School Bus Attendant Information Form

If you knowingly make a false statement on this application, you commit a misdemeanor and may be subject to prosecution in addition to rejection of your certification to drive a school bus under contract with the New York City Department of Education.

PART 1 - PERSONAL INFORMATION

1	First Name			2	Middle Initial	3	3 Last Name				
		-									
4	Social Security Number	5	Date of Birth			6	Marital Status	7	Sex		
8	Current Address	-		9	Apt / Unit Number	10	City	11	State	12	Zip Code
13	Previous Address			14	Apt / Unit Number	15	City	16	State	17	Zip Code
18	Telephone Number	19	Cell Number			20	E-Mail Address				
21a Are you a citizen or permanent resident of the United States?				21b If not, are you authorized to work in the United States?							
Yes - Skip 21b No - Proceed to 21b					Yes No						
	PART 2 - BACKGROUND & HISTORY										

22 If you have ever attended any Attendant Training course(s), complete the following:

Date of Course	Place of Course	Duration of Course (Hours)	Certificate Received?			
			Yes No			
			Yes No			

23 List employment in consecutive order for the past three years:

Date of Employment	Date of Departure	Company Name	Company Address	Reason for Leaving	

I understand that a false statement willfully may result in my termination from employ from future employment, or both, and in add criminal charges.		I have determined, to the best of my ability, that the above applicant has exhibited the highest moral character and will be respectful of the students entrusted in their care. I certify that I have reviewed all the qualifications and the documentation necessary to certify the above applicant as a Department of Education School Bus Attendant.					
24 Applicant Signature	25 Date	וו	26 Company Representative Signature	27	Company		

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Accessibility Report

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Organization:

Summary

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- Failed: 0