

Bus Driver:

Bachelors



or	Internal	۰ ما ا ا
OI.	micema	ı Ose.

Cori:

Fingerprints:

Application for Transportation Staff

	You	r Information	
Last Name:	Fi	rst Name:	Middle Initial:
	Street Name and Number:		
Home Address	City:		
	State:	Zip Code:	
Contact	Telephone Number:	Email Address:	
Information			

	E	ducational Backgro	ound		
Degree Type	School Name	City/State	Major	Minor	Degree Date
High School			N/A	N/A	

Desired Position

Monitor:

Van Driver:

		Work Experier	nce
Date - From	Date - To	Role	Employer

Driving Experie	ence		
Do you have experience driving the following vehicles?	Yes	No	Years of Experience
Automobile			
School Bus			
Commercial Bus			
Trucks			
Do you have a license to drive a school bus? Yes	No		
Do you have a 7D license to drive a special education vehi	cle?	Yes	No





Application for Transportation Staff

			Military Experie	nce	
Date - From	Date - To	Brar	nch of Service	Rank	
Indicate helov	v three referei	nces canah	Reference le of evaluating you		
Name		Role	Institution	Email	Phone
Ivairie	1	TOTE	mstitution	Liliali	FIIOITE
Have you	,		the Hingham Public	Schools? Yes	No
	If yes, in	what role?			
Is there any a	dditional infor	mation tha	at you would like to	provide?	
Dogwoot for N	1accachus atta	Driving B	acords		
Request for N The Hingham		_		assachusetts Registry of M	otor Vehicles for
	_	' - '		bus/van driver position, I u	
driving record	I check will be	conducted	d. The information b	elow is correct to the best	of my knowledge.
	=		_	ment and any other docum	
	=			hat any electronic signatu Iwritten signatures for the	
enforceability			re the same as hane		parposes of ramally,
Massachusett	s Driver's Lice	nse #:		Date of Birth:	
I agree to the	terms above:	Yes	No		
Your Signatur	e:				





Application for Transportation Staff

Your Acknowledgement and Signature

- The information provided in this document is accurate, truthful, and complete to the best of my knowledge.
- In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I also understand that I will abide by all rules, regulations, policies, and procedures of the Hingham Public Schools.
- I understand that any employment offer by the Hingham Public Schools is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986.
- I understand that any employment offer by the Hingham Public Schools is conditional upon acceptable
 pre-employment screening, including, but not limited to, receipt of references that the employer
 considers satisfactory, acceptable Criminal Offender Record Inquiry (CORI) and Fingerprint results.
- If position is subject to DOT Testing Act: I understand that as a condition of employment, I may be required to undergo and successfully complete screening for alcohol or controlled substances.

If signing electronically: Each party agrees that this Agreement and any other documents to be delivered in connection herewith may be electronically signed, and that any electronic signatures appearing on this Agreement or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

I agree to the terms above.	Yes	No
ignature:		
Date:		

Massachusetts General Law c. 149, section 19B requires the following statement: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violated this law shall be subject to criminal penalties and civil liability.

Applications for employment are accepted without regard to race, color, religion, sex, sexual orientation, age, national origin, veteran status, qualified disability, or marital status.