

# EMPLOYMENT APPLICATION

Please complete the entire application.

## 1. Employer Information

Employer: SUTTON BUS & TRUCK CO INC

Address: 5609 OLD CAPITOL TRAIL

City/State/ZIP: WILMINGTON, Delaware 19808

Telephone: 302-995-7444

Fax: 302-995-8996

Email: suttonbus@comcast.ent

It is the policy of SUTTON BUS & TRUCK CO INC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

## 2. Applicant Information

Applicant Full Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

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

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

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

Driver's License (State/Number): \_\_\_\_\_

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

4. Job Position Applied For: DRIVER

5. Who referred you to our company? \_\_\_\_\_

6. Do you have any friends or relatives who work here? If yes, please list here:

\_\_\_\_\_

7. Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

8. How will you get to work? \_\_\_\_\_

9. Are you willing to work any shift, including nights and weekends?  Yes  No  
If no, please state any limitations:

\_\_\_\_\_

10. If you are offered employment, when would you be available to begin work?

\_\_\_\_\_

11. If hired, are you able to submit proof that you are legally eligible for

employment in the United States?  Yes  No

12. Have you ever been convicted of a felony or misdemeanor?

Yes, I was convicted of \_\_\_\_\_ on  
\_\_\_\_\_ (date) in \_\_\_\_\_ city),  
\_\_\_\_\_ (state)

No

13. Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

14. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

15. Applicant's Education and Training

College/University Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No . If yes, degree(s) received:

\_\_\_\_\_

High School/GED Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (graduate, technical, vocational):

\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_

Awards, Honors, Special Achievements:

\_\_\_\_\_

Military Service:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Branch:

\_\_\_\_\_

Specialized Training:

\_\_\_\_\_

## 16. References

List any two non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

17. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

\_\_\_\_\_

\_\_\_\_\_



## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize SUTTON BUS & TRUCK CO INC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of SUTTON BUS & TRUCK CO INC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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APPLICANT SIGNATURE

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DATE

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_ First, M.I., Last \_\_\_\_\_ Social Security Number \_\_\_\_\_
hereby authorize: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_
Street: \_\_\_\_\_ Telephone: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

to release and forward the information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_ (date of employment application)

To:
Prospective Employer: \_\_\_\_\_
Attention: \_\_\_\_\_ Telephone: \_\_\_\_\_
Street: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: \_\_\_\_\_
Prospective employer's confidential email address: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is being requested in compliance with §40.25 and §391.23. (See back of form for regulations.)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here [ ], fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of Section 2, sign, and return.

Table with 3 columns: Question, YES, NO. Contains 6 questions regarding DOT testing requirements and SAP rehabilitation.

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name: \_\_\_\_\_
Company: \_\_\_\_\_
Street: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_
Section 2 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) [ ] Faxed to previous employer [ ] Mailed [ ] Emailed [ ] Other \_\_\_\_\_ Date \_\_\_\_\_

Complete below when information is obtained.
Information received from: \_\_\_\_\_
Recorded by: \_\_\_\_\_ Method: [ ] Fax [ ] Mail [ ] Email [ ] Telephone [ ] Other \_\_\_\_\_
Date: \_\_\_\_\_



**STATE OF DELAWARE**  
**SCHOOL BUS DRIVER/AIDE APPLICANT**  
**AFFIDAVIT**

COUNTY OF \_\_\_\_\_

Being an applicant for a school bus driver's license or a position as an aide,

I, \_\_\_\_\_  
being duly sworn, do depose and say that I have:

Never have been convicted of any of the following crimes under the laws of this State or of any other jurisdiction:

- a. Any crime constituting the manufacture, delivery or possession of a controlled substance or a counterfeit controlled substance classified as such in Schedule I, II, III, IV or V of Chapter 47 of Title 16;
- b. Any crime against a child;
- c. Any crime constituting a class A or B felony;
- d. Any crime constituting a felony homicide, including, but not limited to, murder, manslaughter and vehicular homicide;
- e. Any crime constituting a felony sexual offense;
- f. Any crime constituting a felony offense against public administration involving bribery, improper influence or abuse of office; or
- g. Any crime, other than those listed in this paragraph, constituting a felony for which I have not been pardoned or for which less than 5 years have passed since I fully discharged all imposed sentences. As used herein, the term "sentence" includes, but is not limited to, all periods of modification of a sentence, probation, parole or suspension, and all forms of fines, restitution or community service.

I acknowledge that if my background records show that I have been convicted of any of the above crimes, I may not perform school bus driver/aide duties.

\_\_\_\_\_  
APPLICANT SIGNATURE

SIGNED AND SWORN TO before me, a notary public, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Notary Public

# REQUIREMENTS & PROCEDURES FOR OBTAINING A SCHOOL BUS DRIVER LICENSE

## Checklist for Trainee Applicants

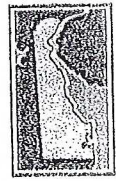
Once you have decided that you would like to become a school bus driver, you should begin by:

1.	Complete an employment application with either a contractor or a school district.
2.	Have a contractor or district/school submit a Child Protective Registry registration.
3.	Complete a pre-employment drug test. If working for a contractor, have them submit drug test verification to district/school. <u>BAT not required for pre-employment.</u> The driver must go to one of the approved drug testing locations.
4.	Complete DMV's online Criminal History Record Check Authorization Form at: <a href="https://cdlis.dmv.de.gov/cdlis/">https://cdlis.dmv.de.gov/cdlis/</a> . The applicant must provide an email for the signed form to be emailed to. This can be a personal email or their employer's email. Once an individual has obtained a signed Criminal History Record Check Authorization Form, they are to go to an approved State Bureau of Identification Site listed on the authorization form and submit to a federal and state background check. Individuals are to get a receipt and turn the receipt into the district/school Transportation Office.
5.	Complete School Bus Driver/Aide Affidavit and provide to Transportation Office (notary required)
6.	<p><b>Medical Requirements</b></p> <ul style="list-style-type: none"> <li>• Have a doctor complete the DOE School Bus Driver Physical Form – <i>(DOT Physical not accepted for initial physical must be on DOE Physical Form)</i></li> <li>• Have a TB Test completed and provide results or letter from a physician stating you cannot take the test and are clear of TB.</li> <li>• Once the DOE School Bus Driver Physical Form and TB Test Results are submitted to the district, a green physical card will be issued to you. <i>A green physical card must be issued in order to work with a Certified Driver Trainer</i></li> </ul>
<p><b>Steps 7, 8, and 9 can be completed in any order. All three steps must be completed and all paperwork before receiving a yellow card from the Transportation Office.</b></p>	
7.	Attend the Department of Education (DOE) 12-hour class in basic school bus driver/aide training. These classes are held every month in each county. Your prospective employer and Transportation Office will have the class date schedule.
8.	Obtain access link from your employer into DOE Online Theory Instruction.





# DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



Fax or Mail Request to:

OCCL, Criminal History Unit  
Concord Plaza, Hagley Building  
3411 Silverside Road  
Wilmington, DE 19810  
Phone: 302-892-5800 Fax: 302-633-5191

When requesting Child Protection Registry checks:

- Allow 15 working days for results to be processed
- Do not use a cover sheet
- Do not send duplicate requests
- Form must be submitted to DSCYF within 90 days of signature date in order to be processed

## PART I. APPLICANT INFORMATION *(PLEASE PRINT CLEARLY)*

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

Other Name(s) used: \_\_\_\_\_ DE Drivers License # \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
mm / dd / yyyy

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Have you ever been involved in a substantiated case of child abuse or neglect?  Yes  No

If yes, explain: \_\_\_\_\_

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

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

Parent / Guardian Signature (If applicant is under the age of 18) \_\_\_\_\_

## PART II. AGENCY/ORGANIZATION INFORMATION - *(MUST BE COMPLETED IN ORDER TO PROCESS)*

Please check only one:

EDUCATION  HEALTH CARE  CHILD CARE  OTHER \_\_\_\_\_

Agency Identification Number (if applicable): \_\_\_\_\_ 412

Requesting Agency Name: \_\_\_\_\_ SUTTON BUS & TRUCK CO., INC.

Address: \_\_\_\_\_ 5609 OLD CAPITOL TRAIL WILMINGTON, DELAWARE 19808

Phone: \_\_\_\_\_ 302-995-7444 Fax: \_\_\_\_\_ 302-995-8996 Contact Person: \_\_\_\_\_ DAVID SUTTON

### DSCYF USE ONLY:

The individual listed above ( \_\_\_ is listed ) ( \_\_\_ is NOT listed ) on the Delaware Child Protection Registry.

Date: \_\_\_\_\_ DSCYF Criminal History Unit \_\_\_\_\_

**CRIMINAL HISTORY RECORD CHECK AUTHORIZATION FORM  
USE FOR APPLICANT PURPOSES  
(PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK)**

\_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ SUFFIX \_\_\_\_\_

ALIASES: MAIDEN / PREVIOUS LAST NAMES \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_-\_\_\_\_-\_\_\_\_

SEX \_\_\_\_ RACE \_\_\_\_ HEIGHT \_\_\_\_ WEIGHT \_\_\_\_ EYES \_\_\_\_ HAIR \_\_\_\_

PLACE OF BIRTH (STATE/COUNTRY) \_\_\_\_\_ CITIZENSHIP (COUNTRY) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: Home/Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

\* COMPLETE IF MAILING RESULTS TO DIFFERENT ADDRESS OTHER THAN YOURSELF:

NAME/COMPANY: DEPARTMENT OF TRANSPORTATION  
ADDRESS: DELDOT ADMINISTRATION BLDG  
800 BAY ROAD  
P.O. BOX 778  
DOVER, DELAWARE 19903

**AUTHORIZATION TO RELEASE INFORMATION:**

As an applicant I authorize release of any and all information that you have concerning me, including CRIMINAL HISTORY RECORD INFORMATION and other information of a confidential or privilege nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage, which may result from furnishing this information:

**NOTIFICATION:**

If mandated by state statute, your fingerprints will be used to check the criminal history records of the FBI. You will be given the opportunity to complete or challenge the accuracy of the information contained in the FBI criminal history record by the official to whom you have authorized this information be disseminated.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18): \_\_\_\_\_

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.

OFFICIAL USE ONLY

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_____ AGENCY _____	<div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>SCHOOL BUS DRIVER APPLICANT 21 DECA 2708(a)</b></div>	_____ / _____ CODE TIME
REASON FINGERPRINTED		





DIVISION OF MOTOR VEHICLES

### Criminal History Record Check Authorization Form

Please fill in all required information below. All data fields with an \* next to it are required fields and must be filled out.

Attention Delaware drivers, once all required fields have been completed, the system will automatically pull Gender, Height, Weight, Eye color, Residential and Mailing address from the State DMV system based on your driver's license. Please click **SUBMIT** to submit your application.

All information provided for this request shall be used for a criminal history record check to process CDL endorsement request by the Delaware Department of Motor Vehicles. Click [here](#) to view School Bus "S" Endorsement Requirements and [here](#) to view information about State Bureau of Identification

**Please click on the Endorsement you are applying for:**  School Bus "S" Endorsement

LAST NAME *	FIRST NAME *	MIDDLE INITIAL	SUFFIX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ALIASES: MAIDEN / PREVIOUS LAST NAMES / LEGAL NAME CHANGES

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DRIVER LICENSE # *	DRIVER LICENSE STATE *	SOCIAL SECURITY # *
<input type="text"/>	Select	<input type="text"/>

DATE OF BIRTH *	BIRTH PLACE *	CITIZENSHIP *
<input type="text" value="mm/dd/yyyy"/>	United States	United States

EMAIL *	RACE *	HAIR *
<input type="text"/>	Select	Select

HOME/CELL NUMBER	WORK NUMBER	GENDER *	HEIGHT *	WEIGHT (LBS) *	EYES *
<input type="text"/>	<input type="text"/>	Select	<input type="text"/> ft <input type="text"/> in	<input type="text"/>	Select

#### Residential Address

RESIDENTIAL ADDRESS LINE 1 *	RESIDENTIAL ADDRESS LINE 2
<input type="text"/>	<input type="text"/>

RESIDENTIAL CITY *	RESIDENTIAL STATE *	RESIDENTIAL ZIP *
<input type="text"/>	Select	<input type="text"/>

#### Mailing Address

Mailing Address same as residential address

MAILING ADDRESS LINE 1 *	MAILING ADDRESS LINE 2
<input type="text"/>	<input type="text"/>

MAILING CITY *	MAILING STATE *	MAILING ZIP *
<input type="text"/>	Select	<input type="text"/>

**AUTHORIZATION TO RELEASE INFORMATION:**

As an applicant I authorize release of any and all information that you have concerning me, including CRIMINAL HISTORY RECORD INFORMATION and other information of a confidential or privilege nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage, which may result from furnishing this information: