

Spanier Bus Service, Inc.
1310 Sunridge Drive, St. Cloud, MN 56301
Phone: (320) 251-3313
Fax: (320) 251-0845

Orange outlined areas are
required for Bus Drivers only.

APPLICATION INFORMATION SHEET
(For Informational purposes only)

WELCOME TO SPANIER BUS SERVICE AND THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH OUR COMPANY.

PLEASE READ FOLLOWING INFORMATION CAREFULLY:

YOU MUST BE ABLE TO SPEAK, READ AND WRITE ENGLISH.

MINNESOTA STATUTE STATES THAT IN ORDER TO OBTAIN A COMMERCIAL DRIVER LICENSE, YOU MUST BE A CITIZEN, NATURALIZED CITIZEN OF THE UNITED STATES OR HOLD A VALID CURRENT GREEN CARD.

MINNESOTA STATUTE STATES THAT IN ORDER TO OBTAIN A COMMERCIAL DRIVER LICENSE WITH A SCHOOL BUS ENDORSEMENT, YOU MUST HOLD A CURRENT MINNESOTA DRIVING LICENSE AND HAVE NO MORE THAN THREE (3) MOVING VIOLATIONS WITHIN A PERIOD OF FIVE (5) YEARS ON YOUR DRIVING RECORD AND MUST ALSO NOT HAVE ANY ALCOHOL RELATED OFFENSES WITHIN THE PAST FIVE (5) YEARS.

MINNESOTA STATUTE ALSO STATES THAT IN ORDER TO OBTAIN A COMMERCIAL DRIVER LICENSE WITH A SCHOOL BUS ENDORSEMENT, YOU SHOULD HAVE NO FELONY, MISDEMEANOR OR GROSS MISDEMEANOR CONVICTIONS.

SINCE SCHOOL BUS DRIVING IS A SAFETY-SENSITIVE POSITION, SPANIER BUS SERVICE REQUIRES THAT YOU ARE AVAILABLE TO WORK YOUR ENTIRE SHIFTS WHEN SCHOOL IS IN SESSION (SEE DISTRICT 742 CALENDAR) AS NO RELIGIOUS ACCOMMODATIONS WILL BE MADE FOR ANY EMPLOYEE.

ANY PHYSICAL OR MENTAL DISABILITIES THAT MAY PREVENT YOU FROM OPERATING OR ASSISTING ON A SCHOOL BUS MUST BE DISCLOSED AT TIME OF INTERVIEW.

Examples Include: Diabetes, Heart Disease, Sleep Apnea, Back Injuries/Problems, Depression, In Treatment For Any Mental Health Problems Or Alcoholism.

- **IF YOU CURRENTLY HOLD A CDL (COMMERCIAL DRIVER LICENSE), PLEASE PROVIDE A COPY OF YOUR CURRENT CSA 2010 RECORD.**

Note: If you have not maintained residence in the State of Minnesota for the past five (5) years, we are required, by law, to complete a Criminal Background check. Spanier Bus Service agrees to pay for the first Criminal Background check up to the amount of \$45.00. Applicants will be required to pay for any additional checks (e.g., multiple names). By signing this form, you are agreeing to pay for any additional required Criminal Background checks and are authorizing us to deduct the fee from your first paycheck, if hired.

FAILURE TO DISCLOSE ANY OF THE ABOVE INFORMATION, AT INTERVIEW, MAY RESULT IN APPLICANT BEING REQUIRED TO REIMBURSE SPANIER BUS SERVICE FOR ANY TRAINING EXPENSES INCURRED ON THEIR BEHALF.

I have read and understand the above information.

APPLICANT NAME: _____

SIGNATURE AND DATE: _____

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Bus Driver Employment Application.

Date: _____

Qualified applicants are considered for all positions without regard to age, sex, race, color, religion, national origin, sexual orientation, disability, material, or veteran status.

Spanier Bus Service consistently checks reference information, both educational and employment, of all final candidates. Information requested of and supplied by the applicant must be accurate and complete.

Instructions: Please type or print in black ink. Answer all questions. Answer with "No" or "Not Applicable" or (N/A) to those that do not apply ***This Application must be completed by job applicant.***

| | | | |
|---|----------------------------|--|-------------------------|
| Position Applied For | | Minimum Salary Requirement | |
| Who referred you to our company? (Check One) | Mail In Advertisement | Employment Agency Intra Company Referral | State Agency |
| | Walk In College Recruiting | Employee Referral-Name _____ | Other _____ |
| Have you ever worked for this company? | NO | YES | When? |
| Where? | | | |
| Have you ever applied with this company? (Circle One) | NO | YES | When? |
| Where? | | | |
| Availability? | _____ AM (6:30-8:30AM) | _____ Noon (10:00AM-12:00PM) | _____ PM (2:00-5:00 PM) |
| | | _____ Evenings | _____ Weekends |

GENERAL INFORMATION

| | | | |
|--|-------|--------|--|
| Last Name (FULL LEGAL NAME) | First | Middle | Social Security Number |
| Other names under which you have worked or attended school | | | Date of Birth |
| Present Address – Street | | | City State Zip Code |
| List address for previous 7 years if different from above – Street | | | City State Zip Code |
| Additional previous address, if applicable – Street | | | City State Zip Code |
| Telephone Number and Area Code | Home | Work | Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status? YES NO |
| Have you ever been fired or asked to resign by an employer? | NO | YES | If yes, explain. |
| Have you ever been convicted of a crime? (Note a crime conviction is not an absolute bar to employment). | NO | YES | If yes, explain |

MILITARY DUTY

| | | | |
|----------------------------------|-----|----|-------------------------------|
| Have you served in the Military? | YES | NO | If yes, what dates? FROM: TO: |
|----------------------------------|-----|----|-------------------------------|

Note: A drug-screening test is required for employment.

Government regulations require that we verify your identity and employment authorization (Form I-9) within three (3) working days of your date of hire. Please be prepared to submit proper documentation.

An Equal Opportunity Employer

EDUCATIONAL BACKGROUND

| | Name and Location of School or College | Check Highest Grade/Year | Did you graduate? | If you graduated, what was your degree and major | What was last calendar year you studied? |
|--|--|--------------------------|-------------------|--|--|
| High School and/or G.E.D. | | 9 10 11 12 | NO YES | | XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX |
| College | | 1 2 3 4 | NO YES | | |
| Trade, Business, Correspondence or Graduate School | | How Long? | NO YES | | |

EXPERIENCE AND QUALIFICATIONS - DRIVER

| LIST ALL UNEXPIRED DRIVER LICENSES | STATE | LICENSE NUMBER | TYPE OR CLASS | EXPIRATION DATE |
|------------------------------------|-------|----------------|---------------|-----------------|
| | | | | |
| | | | | |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

C. Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulation? (General Disqualification, Criminal Offenses, DUI, DWI, Misdemeanor, Gross Misdemeanor) YES NO

D. Have you ever in the past two (2) years failed or refused a DOT-Mandated Pre-Employment Test(s)? (Drug and Alcohol) YES NO

ATTACH STATEMENT GIVING DETAILS IF ANY ANSWER IS YES

DRIVING EXPERIENCE

| | CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TT, TRUCK, BUS, ETC.) | DATES | | APPROXIMATE NUMBER OF MILES (TOTAL) |
|----------------|--------------------|---|-------|----|-------------------------------------|
| | | | FROM | TO | |
| STRAIGHT TRUCK | | | | | |
| AUTO OR VAN | | | | | |
| BUS | | | | | |
| OTHER _____ | | | | | |

LIST STATES WHERE A CDL WAS HELD IN THE LAST FIVE YEARS:

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHAT EXPERIENCE HAVE YOU HAD WORKING WITH OR SUPERVISING CHILDREN? EXPLAIN

| HAVE YOU EVER DRIVEN A BUS? | IF YES, FOR WHAT COMPANY OR SCHOOL | DATES | SALARY |
|-----------------------------|------------------------------------|-------|--------|
| YES NO | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (Other than parking violations)

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |

COLLISION REVIEW FOR PAST 5 YEARS (Attach additional sheet if more space is needed)

| | DATE | NATURE OF COLLISION (HEAD-ON, REAR END, UPSET, ETC.) | FATALITIES | INJURIES |
|----------------|------|---|------------|----------|
| LAST COLLISION | | | | |
| NEXT PREVIOUS | | | | |
| NEXT PREVIOUS | | | | |

EMPLOYMENT HISTORY

Employment for the previous 10 years must be covered below, including jobs held while in school or in the military. Record your present or last position first and list in chronological order. Complete all questions for each job. (Add additional page if more space needed.)
Please explain all periods of unemployment

| | | | | | |
|--|--|---|------------------------|------------|------------|
| Employer Name | | DATES EMPLOYED - MO/YR | | [REDACTED] | |
| Address (Must include city and state) | | FROM: | TO: | [REDACTED] | [REDACTED] |
| Supervisor's Name, Title and Phone Number | | | MAY WE CONTACT? | | |
| | | | YES | NO | |
| Position(s) held | | In this position, were you involved in a drug and alcohol testing program? | | | |
| | | YES | NO | | |
| Reason for leaving. | | | | | |
| | | | | | |
| Employer Name | | DATES EMPLOYED - MO/YR | | [REDACTED] | |
| Address (Must include city and state) | | FROM: | TO: | [REDACTED] | [REDACTED] |
| Supervisor's Name, Title and Phone Number | | | MAY WE CONTACT? | | |
| | | | YES | NO | |
| Position(s) held | | In this position, were you involved in a drug and alcohol testing program? | | | |
| | | YES | NO | | |
| Reason for leaving. | | | | | |
| | | | | | |
| Employer Name | | DATES EMPLOYED - MO/YR | | [REDACTED] | |
| Address (Must include city and state) | | FROM: | TO: | [REDACTED] | [REDACTED] |
| Supervisor's Name, Title and Phone Number | | | MAY WE CONTACT? | | |
| | | | YES | NO | |
| Position(s) held | | In this position, were you involved in a drug and alcohol testing program? | | | |
| | | YES | NO | | |
| Reason for leaving. | | | | | |
| | | | | | |

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REFERENCES

| <u>Name</u> | <u>Phone Number</u> | <u>Occupation</u> | <u>How Do You Know This Person</u> |
|-------------|---------------------|-------------------|------------------------------------|
| | | | |
| | | | |
| | | | |

EMERGENCY CONTACT INFORMATION

| | |
|---------------------------|---------------------|
| <u>Name & Address</u> | |
| <u>Telephone Number</u> | <u>Relationship</u> |

APPLICANT'S STATEMENT

AT WILL EMPLOYMENT POLICY. In the event that the applicant agrees to accept a position with the company, the applicant and the company agree that employment relationship between the company and the employee is an at will relationship, and that the employment relationship and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the company or the employee.

I understand that the Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of the written report generated by the inquiry, if one is made.

I acknowledge that any offer of employment is conditioned upon my taking a drug screen and the Company's receipt of satisfactory results, and a physical examination if necessary to determine ability to perform essential duties of the position offered. I acknowledge that I may be required to submit to random, post collision and reasonable suspicion drug and alcohol screening throughout the term of employment as deemed necessary by the Company.

I certify that I have read, understand, and agree to the entire application.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that any false information that I give may result in the termination of my candidacy or any subsequent employment.

Applicant's Signature: _____ Date: _____

**Note: This Application for Employment will be considered active for 6 months.
After 6 months, you must reapply for available positions.**

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AUTHORIZATION FOR RELEASE FOR INFORMATION

DATE: _____

I _____ am authorizing that your release to Spanier Bus Service, Inc.,
(Print Full Name)

any, and all records pertaining to my Alcohol / Drug Testing with your Company (as required by State

Statute 382.413 and 382.40)

Signature: _____ **Date:** _____

DATE: _____

I _____ am authorizing that your release to Spanier Bus Service, Inc.,
(Print Full Name)

any, and all records pertaining to my past work record/history with your Company. I further agree and

acknowledge that any and all information may be provided to Spanier Bus Service, Inc., for the express reason

of obtaining employment with this company.

Signature: _____ **Date:** _____

**PLEASE FAX THIS INFORMATION TO SPANIER BUS AT (320) 251-0845 OR MAIL TO THE ABOVE LISTED
ADDRESS AS SOON AS POSSIBLE. THANK YOU FOR YOUR HELP!**

**STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
SCHOOL BUS CRIMINAL RECORDS CHECK AUTHORIZATION**

Before issuing a school bus endorsement, the Commissioner of Public Safety is required to conduct a criminal records check of the applicant (Minnesota Statutes, § 171.321, Subd.3). The criminal records check will be conducted by the Minnesota Bureau of Criminal Apprehension (BCA).

If you have resided in Minnesota for less than five years, the check will also include a national criminal records check conducted by the FBI. The criminal records check by the FBI will take additional time, which could delay the application process. You must contact the Department of Public Safety to obtain the procedures to begin the FBI national criminal records check and the current price for the check. There is not additional fee associated with the BCA check; however, there is an additional fee to conduct the FBI check.

The Department of Public Safety will notify you in writing of the results of the criminal records check(s). The Department will use the criminal background criteria set forth in Minnesota Statutes, § 171.3215, when issuing or denying an application for the school bus driver's endorsement (see the reverse side of this form). The results of the criminal records check will not be released to anyone but the Department of Public Safety and you. The failure to cooperate with the department in conducting the criminal records check is reasonable cause to deny your application.

If you have any questions please call 651/297-5029, or TTY 651/282-6555; or write: Department of Public Safety, Commercial Driver License Unit, 445 Minnesota St., Suite 180, St. Paul, MN 55101-5180.

Please mail this form to the above address.

"I, the applicant, authorize the Department of Public Safety to conduct a check of my criminal history as required by Minnesota Statutes, § 171.321, Subd.3."

APPLICANT:

PROSPECTIVE EMPLOYER:

Applicant's Full Name (please print)

Applicant's Maiden Name, Previous Name(s) Used

Applicant's Street Address

Applicant's City, State, Zip

Applicant's Driver's License Number

Applicant's Date of Birth

Applicant's Signature

Spanier Bus Service, Inc

Name of Prospective Employer

1310 Sunridge Drive

Prospective Employer's Street Address

Saint Cloud, MN 56301

Prospective Employer's City, State, Zip

OWNER / OPERATIONS MANAGER

Contact Person of Prospective Employer

(320) 251-3313

Contact Person's Phone Number

Authorized Signature of Prospective Employer

