

# **BUS DRIVER/ SUBSTITUTE DRIVER ACTIVITY BUS DRIVER REQUIREMENTS**

The following requirements need to be met before your name can be placed on the Active Substitute/Activity Bus Driver List.

## **Driver Requirements:**

- Current License with Public School Bus Endorsement
  - Required Test for Endorsements
  - a. General Knowledge
  - b. Air Brakes
  - c. Passenger School Bus/Test
  - d. Bus driver 2 hour NM Bus Security Training Certificate
  - e. Defensive Driving Certificate
  - f. Complete School Bus Driver Trainings(36 hrs)
  
- CPR \First Aide Card
  
- Current Physical / DOT

## **Human Resource Requirements**

- Finger-Printing / Background Check
- W-4 Form
- Form 1-9

**MESA VISTA CONSOLIDATED SCHOOL DISTRICT NO. 6**  
**P.O. BOX 309**  
**OJO CALIENTE, NM 87549**  
**Phone No.: (505) 583-2645**

<b>BUS DRIVER / ACTIVITY BUS DRIVER APPLICATION FORM</b>		
<input type="checkbox"/> Regular Bus Driver	<input type="checkbox"/> Activity Bus Driver	<input type="checkbox"/> Substitute Bus Driver

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

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

TELEPHONE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT DRIVERS LICENSE #: \_\_\_\_\_ CLASS / TYPE: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

Do you have any pre-existing disability/physical impairment?     Yes     No

If you have a pre-existing disability or physical impairment, do you have a certificate/document from your physician releasing you to work?     Yes     No

Have you had any vehicle accidents in the past three (3) years?     Yes     No

If Yes, give approximate date(s):  
 \_\_\_\_\_

Has your Driver's License been suspended or revoked during the last three(3) years?     Yes     No

Do you have a current First Aid Card?     Yes     No

Do you have a Defensive Driving Card?     Yes     No

**WORK EXPERIENCE: (Begin with most recent job held)**

Name of Employer	Position Held	Address	Phone Number

**REFERENCES:**

(*DO NOT USE RELATIVES*) Include at least one business and one professional individual whom you have worked with. Letters of recommendation will be accepted.

Name/Position	Address	Phone Number

New Mexico Regulations prohibits the employment of persons convicted of crimes of violence, crimes involving motor vehicles, DWI/DUI, sec offenders, and manslaughter involving a motor vehicle. As a condition of employment, the *MESA VISTA CONSOLIDATED SCHOOL DISTRICT #6* must conduct a criminal record background check and driving record check. All information received will be kept strictly confidential.

Do you have any objections to the *MESA VISTA CONSOLIDATED SCHOOL DISTRICT #6* conducting a criminal record background check and driving record check?                     Yes     No

To the best of my knowledge, the above information provided is true and correct.

\_\_\_\_\_  
***APPLICANT'S SIGNATURE***

\_\_\_\_\_  
***DATE***

**MESA VISTA CONSOLIDATED SCHOOL DISTRICT**  
**AGREEMENT, AUTHORIZATION, WAIVER, AND RELEASE**

A. Applicant Certification.

I hereby certify that the information contained in this application is true, accurate and complete, to the best of my knowledge and belief. I understand and agree that any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of my application or for termination of my employment. Failure to provide all or part of the information requested may result in the refusal of the School District to further consider me for possible employment.

B. Authorization for Reference Checks.

I hereby authorize the School District and its agents to investigate my work history and education history and to conduct personal inquiries. I understand that the School District will send a copy of this Agreement and Authorization to each individual or entity from whom it is seeking a reference or background information.

C. Waiver and Release as to Reference Checks.

I hereby authorize the party receiving a copy of this signed form (including a photocopy or facsimile copy) to provide and release complete information as may be requested, and I hereby waive any claim of confidentiality I might have with regard to such information.

I hereby release any person or entity providing information or records in accordance with this Agreement, Authorization, Waiver, and Release from any and all claims or liability for compliance.

I AM ALSO WAIVING ANY RIGHT OF ACTION, CAUSE OF ACTION, OR OTHER MEANS OF REDRESS I MAY HAVE AGAINST ANY PERSON OR ENTITY SUPPLYING EMPLOYMENT-RELATED INFORMATION--INCLUDING BUT NOT LIMITED TO INFORMATION CONCERNING MY BACKGROUND, WORK HISTORY, AND DISCIPLINARY HISTORY--TO THE SCHOOL DISTRICT.

D. Criminal Background Checks.

I understand and agree that if I am considered as a finalist for, or I am actually recommended for or offered employment, I will submit to a criminal background investigation, including mandatory fingerprinting, at my expense, to determine my acceptability for employment. Criminal convictions shall not automatically bar an applicant from obtaining employment with the School District, but pursuant to the Criminal Offender Employment Act of New Mexico (NMSA 1978, §28-2-1, et seq.), such convictions may be the basis for refusing employment. I understand that any employment offer is contingent upon, and expressly subject to, the satisfactory completion of all background checks. **I further understand and agree that if the results of any such background check are not satisfactory in the sole discretion of the District, the District may provide me written notice of the withdrawal of its offer of employment, and that I shall be entitled to no further process or procedure.**

E. Public Disclosure of Applicant Names and Application Materials.

I understand that, pursuant to the Inspection of Public Records Act (IPRA) as interpreted by recent court decisions, the identity of public sector job applicants and the information contained in this application and the information submitted by me or obtained pursuant to this agreement and authorization may be subject to disclosure to persons outside the School District, including the media, to the extent such information is not expressly protected from disclosure by exceptions to the IPRA, or other applicable employee privacy or

confidentiality laws, including but not limited to, the Health Insurance Portability and Accountability Act (HIPPA).  
(Results of criminal background checks, if requested are privileged and protected from public disclosure.)

**As a result, the applicant must make his or her own decision as to submitting the application and the impact which public disclosure of his or her identity as an applicant, or application materials may have.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant