



# Sumter School District School Bus Driver Application Packet

---

School bus driver applicants must complete the attached paperwork and obtain all references. The following items are required to be considered for school bus driver positions:

1. A valid South Carolina driver's license. Out-of-state licenses must be converted to a South Carolina license prior to attending the required training classes.
2. Social security card.
3. A 10-year driving record from the Department of Motor Vehicles (DMV). If you do not have 10 years of driving experience, a minimum of three (3) years of driving experience is required to submit with the application.

All prospective bus drivers must complete a mandatory 4-day School Bus Driver training course hosted by the district's Transportation Office in addition to the CDL and school bus driver training program.

All applications must be completed with references for consideration for employment.

Please submit completed application packets and direct all inquiries to one of the three Sumter School District Transportation Offices:

## **Sumter School District Transportation Offices**

Hillcrest Middle School Office  
4355 Peach Orchard Road  
Dalzell, SC 29040  
(803) 499-3422

**Mr. Leonard Brailsford**  
**Area 1 Supervisor**

Sumter High School Office  
2356 Stadium Road  
Sumter, SC 29154  
(803) 481-4480 ext. 6205

**Mr. Joshua Johnson**  
**Area 2 Supervisor**

Furman Middle School Office  
3400 Bethel Church Road  
Sumter, SC 29153  
803-481-3168

**Mr. Brian Jones**  
**Area 3 Supervisor**

Thank you for your interest in Sumter School District.

Sumter School District is an Equal Opportunity Employer.

## **Sumter School District School Bus Driver Responsibilities**

### **Qualifications**

1. High School diploma preferred.
2. Must be at least 18 years old.
3. Must possess a valid South Carolina driver's license for a minimum of 12 months.
4. No more than four (4) points against current driving record.
5. No driving suspensions in the past 12 months.
6. Successful completion of the written and driving portions of the South Carolina school bus training course and commercial driver's license (CDL) program.
7. Valid physical examination upon completion of course.
8. Favorable criminal background check.
9. Available for regular work schedule.

**Job Goal:** To provide safe and efficient transportation so that students may enjoy the fullest possible advantage from the district's curriculum and extra-curricular programs.

### **Primary Responsibilities**

1. Obeys all traffic laws.
2. Observes all mandatory safety regulations for school buses.
3. Maintains discipline when students are on the bus and reports student discipline concerns to the proper authority.
4. Keeps assigned bus clean and enforces regulations against smoking and eating on bus.
5. Adheres to assigned schedule.
6. Discharges students only at authorized stops and transports only authorized students.
7. Checks bus before each operation for mechanical defects and notifies the proper authority in case of mechanical failure or lateness.
8. Exercises responsible leadership at all times.
9. Reports all accidents and completes required reports.
10. Works with others consistently in a cooperative and respectful manner.
11. Performs all other duties and responsibilities as designated by the Area Supervisor.

**THE LANGUAGE USED IN THIS JOB DESCRIPTION DOES NOT CREATE OR IMPLY A CONTRACT OR OFFER OF EMPLOYMENT. SUMTER SCHOOL DISTRICT RESERVES THE RIGHT TO REVISE THIS JOB DESCRIPTION AT ANY TIME.**

SUMTER SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER.



Administrative Office

# SUMTER SCHOOL DISTRICT

1345 Wilson Hall Road • PO Drawer 2039 • Sumter, South Carolina 29151-2039 • (T) 803.469.6900 • (F) 803.469.3769

## APPLICATION FOR EMPLOYMENT (Classified Application – Bus Driver)

**Applicant's Full Name** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**Other Name(s)** \_\_\_\_\_  
(Please provide any information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work or school records.)

**Present Mailing Address** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Permanent Mailing Address** \_\_\_\_\_  
(Street) (City) (State) (Zip)

### Telephone Numbers

**Home** ( ) \_\_\_\_\_ **Mobile** ( ) \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

(Note: Completion of your Social Security number is optional. Failure to submit your Social Security number on this form will not prohibit employment consideration. The Social Security number may be required on other forms prior to employment.)

**MARK THE APPROPRIATE BOXES**       New Application       Previous Application on File  
 Former School District Employee

Are you a United States citizen?  Yes  No    If not, are you eligible to work in the United States?  Yes  No

### INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE QUALIFIED

Bus Driver                       Monitor                       Crossing Guard  
 Other (explain) \_\_\_\_\_

**I. EDUCATIONAL AND PROFESSIONAL TRAINING - List chronologically and include copies of transcript(s).**

LEVEL OF EDUCATION	SCHOOL/ COLLEGE	STATE	FIELD OF STUDY	HOURS EARNED	TYPE OF DEGREE	YEAR OF GRADUATION	DATES OF ATTENDANCE
High School							
College							
College							
Technical School							
Other							

**II. WORK EXPERIENCE (List Chronologically)**

EMPLOYER	CITY	STATE	TYPE OF WORK	DATES OF EMPLOYMENT	REASON FOR LEAVING

**III. GENERAL INFORMATION**

Are you employed?  Yes  No If yes, where? \_\_\_\_\_

What is your present position? \_\_\_\_\_

If presently employed, why do you wish to change? \_\_\_\_\_

What is the month, day and year you are available for employment? \_\_\_\_\_

Referral source:  Advertisement/Posting  Employee  Friend  Other (explain) \_\_\_\_\_

**Have you ever been discharged or asked to resign from a position? (If yes, please explain below.)**

Yes  No

---

---

---

**Have you ever been convicted of a violation of law other than a minor traffic violation? (If yes, please explain below.)**  Yes  No

---

---

---

**Are any criminal charges or proceedings pending against you? (If yes, please explain below.)**  Yes  No

---

---

---

**Have you ever been convicted of any offenses involving the sexual molestation, physical or sexual abuse, or rape of a minor? (If yes, please explain below.)**  Yes  No

---

---

---

**IV. REFERENCES**

In order to be considered for employment, it is the **applicant's responsibility** to provide the names of at least three references including the current employer, if employed, or the last employer, if not currently employed. A reference from your immediate supervisor is preferred. Please have references submit the Confidential Character and Ability Record (Form 298) directly to the district office.

NAME OF REFERENCE	TITLE	RELATIONSHIP	MAILING ADDRESS	PHONE NUMBER

**V. OTHER INFORMATION**

List any local school board member or employee in the school district who is a relative, and cite your relationship.

---

---

---

In your own handwriting, please elaborate on your background, credentials and qualifications.

---

---

---

---

---

---

-----**APPLICANT'S CERTIFICATION AND AGREEMENT**-----

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements on this application shall be considered grounds for dismissal. You are hereby authorized to make any investigation of my work record.

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

\_\_\_\_\_  
Date

**Sumter School District offers equal opportunity in employment and educational activities without regard to race, color, national origin, religion, sex, age, or disability. The person responsible for coordinating the district's efforts in this regard is the Director of Personnel.**



## CONSENT FOR BACKGROUND CHECK

I authorize the Sumter School District Personnel Office to conduct a background check in connection with my application for employment. I further authorize the release of such information to enable Sumter School District to make an accurate assessment of my fitness for employment. I understand that investigation sources may include conviction records, employment records, verification of educational records, personal references, and professional references. This investigation may also include law enforcement and social service agencies such as the South Carolina Law Enforcement Division and the South Carolina Department of Social Services Child Protective Services Unit. I hereby waive my right to have access to such information and without reservation release the school district and reference sources from any connection with its release or use.

Furthermore, I certify that I have made true, accurate and complete statements on this application. I understand that any omission or falsely answered statement made by me on this application, or any supplement to it, is sufficient grounds for elimination from consideration prior to employment or discharge after employment.

Full Name \_\_\_\_\_  
(Last) (First) (Middle)

Maiden Name \_\_\_\_\_

Other Name(s) \_\_\_\_\_

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_



Administrative Office

# SUMTER SCHOOL DISTRICT

1345 Wilson Hall Road • PO Drawer 2039 • Sumter, South Carolina 29151-2039 • (T) 803.469.6900 • (F) 803.469.3769

## Pre-Employment Random Drug and Alcohol Testing

I, \_\_\_\_\_ understand that before driving a school bus and/or an activity bus that I must submit to a pre-employment drug test.

I, \_\_\_\_\_ also understand that according to DOT Guidelines that as long as I have a CDL License and driving a school bus and/or an activity bus for Sumter School District, I will be subject to Random Drug and Alcohol Testing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Form I

07/11



# CONFIDENTIAL CHARACTER AND ABILITY RECORD

## RETURN TO

Sumter School District  
1345 Wilson Hall Road  
Sumter, SC 29150



## TELEPHONE NUMBER

(803) 469-6900

Date \_\_\_\_\_

The applicant listed below is formally applying for a position with Sumter School District. Each applicant is requested to forward a copy of this reference form to four people who are uniquely familiar with his/her ability, potential, and/or past performance. All information provided will be considered strictly confidential.

Name of Applicant \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

Position Sought (please circle one)                      Bus Driver                      Monitor                      Crossing Guard

Name of Reference \_\_\_\_\_ Title \_\_\_\_\_

Address of Reference \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City/State Zip Code

**TO APPLICANT: Many people will not complete references unless confidentiality can be assured. Please sign and date the waiver of access below. All applications and accompanying records become the property of the district and are not available to candidates. WAIVER OF ACCESS: I, the undersigned, waive any right to access this reference.**

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

Please record in the boxes the number from the following scale that describes your comparison of the above-named applicant with others you have known with comparable years of experience.

1. OUTSTANDING    2. ABOVE AVERAGE    3. AVERAGE    4. BELOW AVERAGE  
(LEAVE BLANK IF UNOBSERVED OR NOT APPLICABLE)

Job skill competency		Time utilization	
Professionalism		Planning	
Maturity (poise, self-control)		Creativity	
Physical Fitness and health		Organization	
Dependability of judgment		Problem analysis	
Punctuality		Relationships with co-workers	
Attendance		Self-improvement	
Positive attitude toward supervision		Initiative	
Efficiency		Ability to relate to students	
Flexibility/adaptability		Ability to work independently	
Integrity		Ability to communicate with public	
Written communications		Ability to learn new tasks quickly	
Oral communications		Loyalty	

1. Have you observed the applicant at work?     Yes     No     N/A
2. How long and in what capacity have you known the applicant? \_\_\_\_\_
3. Could this applicant remain in his/her present position?     Yes     No     N/A
4. Would you employ or reemploy the applicant?     Yes     No    Why \_\_\_\_\_
5. If this applicant left your organization, why? \_\_\_\_\_
6. Would you prefer talking with us by telephone?     Yes     No    Telephone Number (    ) \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

Signature of Person Completing Form \_\_\_\_\_

Title \_\_\_\_\_

# CONFIDENTIAL CHARACTER AND ABILITY RECORD

**RETURN TO**

Sumter School District  
1345 Wilson Hall Road  
Sumter, SC 29150

**TELEPHONE NUMBER**

(803) 469-6900

Date \_\_\_\_\_

The applicant listed below is formally applying for a position with Sumter School District. Each applicant is requested to forward a copy of this reference form to four people who are uniquely familiar with his/her ability, potential, and/or past performance. All information provided will be considered strictly confidential.

Name of Applicant \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

Position Sought (please circle one) Bus Driver Monitor Crossing Guard

Name of Reference \_\_\_\_\_ Title \_\_\_\_\_

Address of Reference \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City/State Zip Code

.....  
**TO APPLICANT: Many people will not complete references unless confidentiality can be assured. Please sign and date the waiver of access below. All applications and accompanying records become the property of the district and are not available to candidates. WAIVER OF ACCESS: I, the undersigned, waive any right to access this reference.**

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

.....  
Please record in the boxes the number from the following scale that describes your comparison of the above-named applicant with others you have known with comparable years of experience.

1. OUTSTANDING 2. ABOVE AVERAGE 3. AVERAGE 4. BELOW AVERAGE  
(LEAVE BLANK IF UNOBSERVED OR NOT APPLICABLE)

Job skill competency		Time utilization	
Professionalism		Planning	
Maturity (poise, self-control)		Creativity	
Physical Fitness and health		Organization	
Dependability of judgment		Problem analysis	
Punctuality		Relationships with co-workers	
Attendance		Self-improvement	
Positive attitude toward supervision		Initiative	
Efficiency		Ability to relate to students	
Flexibility/adaptability		Ability to work independently	
Integrity		Ability to communicate with public	
Written communications		Ability to learn new tasks quickly	
Oral communications		Loyalty	

1. Have you observed the applicant at work?  Yes  No  N/A
2. How long and in what capacity have you known the applicant? \_\_\_\_\_
3. Could this applicant remain in his/her present position?  Yes  No  N/A
4. Would you employ or reemploy the applicant?  Yes  No Why \_\_\_\_\_
5. If this applicant left your organization, why? \_\_\_\_\_
6. Would you prefer talking with us by telephone?  Yes  No Telephone Number ( ) \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form Title

# CONFIDENTIAL CHARACTER AND ABILITY RECORD

**RETURN TO**

Sumter School District  
1345 Wilson Hall Road  
Sumter, SC 29150



**TELEPHONE NUMBER**

(803) 469-6900

Date \_\_\_\_\_

The applicant listed below is formally applying for a position with Sumter School District. Each applicant is requested to forward a copy of this reference form to four people who are uniquely familiar with his/her ability, potential, and/or past performance. All information provided will be considered strictly confidential.

Name of Applicant \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

Position Sought (please circle one) Bus Driver Monitor Crossing Guard

Name of Reference \_\_\_\_\_ Title \_\_\_\_\_

Address of Reference \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City/State Zip Code

**TO APPLICANT: Many people will not complete references unless confidentiality can be assured. Please sign and date the waiver of access below. All applications and accompanying records become the property of the district and are not available to candidates. WAIVER OF ACCESS: I, the undersigned, waive any right to access this reference.**

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

Please record in the boxes the number from the following scale that describes your comparison of the above-named applicant with others you have known with comparable years of experience.

1. OUTSTANDING    2. ABOVE AVERAGE    3. AVERAGE    4. BELOW AVERAGE  
 (LEAVE BLANK IF UNOBSERVED OR NOT APPLICABLE)

Job skill competency		Time utilization	
Professionalism		Planning	
Maturity (poise, self-control)		Creativity	
Physical Fitness and health		Organization	
Dependability of judgment		Problem analysis	
Punctuality		Relationships with co-workers	
Attendance		Self-improvement	
Positive attitude toward supervision		Initiative	
Efficiency		Ability to relate to students	
Flexibility/adaptability		Ability to work independently	
Integrity		Ability to communicate with public	
Written communications		Ability to learn new tasks quickly	
Oral communications		Loyalty	

1. Have you observed the applicant at work?     Yes     No     N/A
2. How long and in what capacity have you known the applicant? \_\_\_\_\_
3. Could this applicant remain in his/her present position?  Yes     No     N/A
4. Would you employ or reemploy the applicant?  Yes     No    Why \_\_\_\_\_
5. If this applicant left your organization, why? \_\_\_\_\_
6. Would you prefer talking with us by telephone?  Yes     No    Telephone Number (    ) \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

Signature of Person Completing Form \_\_\_\_\_ / \_\_\_\_\_ Title