

**Horseheads Central School District
Supplemental Application for the Transportation Department**

Last Name	First Name	Middle Name	
Street Address		City	State Zip
Previous Address		City	State Zip
Home Phone	Cell Phone	Work Phone	

Position you are seeking: 4 Hours _____ Call-In _____

The following information is required to access your DMV record:

Date of Birth: _____	Gender: M _____ F _____
Class of Driver License: _____	Expiration Date: _____
Motoring Identification #: _____	State of Issuance: _____

How many years you have driven: _____

Types of vehicles you have driven: _____

In the last five years, have you had an accident while driving that resulted in injuries to yourself or others? _____ NO _____ YES

If yes, please explain:

In the past three years, have you been convicted of any criminal act or moving violation? _____ NO _____ YES

If yes, please explain:

Do you have any other type of conviction record? _____ NO _____ YES

If yes, please explain:

In applying for this position, please provide three letters from three different persons who are not related to you by either blood or marriage pertaining to your moral character and reliability. **Address and telephone numbers must be included.** An informative paragraph is all that is necessary. These people will be contacted. Thank you!

Signature of Applicant

Date