

Before the Road Test

1. Partners in safety

800 North street
845-341-0515

Call and schedule an appointment for DOT Physical and Drug screening

Directions:

Rt 17 east to exit 119 (Pine Bush)

Make a right at end of ramp

Make a left onto North Street (Rt 17M)

Partners in Safety is on right side

2. Scheig Assessment

Directions:

Go to www.scheig.com

Choose the “Start Assessment” tab at the top of the page.

Note- the assessment will take about 1 hr to complete.

In the login screen, enter:

Assessment # 144

Account # RVBUS

Password RDBBXUUM

Click login button and follow the instructions on each screen to complete the assessment.

CDL Permit Information

Sullivan County	Monticello Motor Vehicles County Government Center 100 North Street Monticello, NY 12701	845-794- 3872
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CDL Permit testing is Monday-Friday 9am-3pm at the Monticello DMV.

The CDL Permit test is 4 parts (general knowledge, air brakes, passenger endorsement and school bus endorsement).

Please use the enclosed check and MV-44 form to take your permit test. Please tell the DMV associate that you would like to use this check for all fees (do not fill out the check until you are finished taking you test). The total to take the permit test is \$10. If you do not pass a part of the test, you have the option to retake it for an additional \$10. Once you receive your permit- please call our CDL program director at 434-0511, he/she will arrange your on the road training at that time.

If you have any questions along the way, please contact our CDL program director at 434-0511.

Good luck!

DATE: _____



Dear Prospective Employee,

The expense of training and preparing a prospective employee for work is significant. These costs include trainers, compliance filings, testing, clerical work, State and Federal Fees.

As we make this financial commitment to you, we ask that you make the same commitment to us.

Providing we can offer you daily employment, you may be subject to the following provision:

If you should drop out of training or should the relationship with our company end within six months or the end of June for the school year we are currently in- for any reason - you will be responsible for repaying this money back to the company.

Upon request, we will provide you with an itemized list of expenses at the completion of training.

By signing below, you agree to this.

NAME print/sign

WITNESS print/sign

MAIN OFFICE

ROLLING V BUS CORPORATION
P.O. Box 110
5008 ROUTE 42
SOUTH FALLSBURG, NY 12779
PHONE: 845-434-0511
800-999-6593
FAX: 845-434-0259
EMAIL: INFO@ROLLINGV.COM

LIBERTY OFFICE

GERSHOWITZ TRANSPORTATION
33 ADEN ROAD
LIBERTY, NY 12754
PHONE: 845-292-4485
800-999-6593
FAX: 845-292-0487

ELLENVILLE OFFICE

9 DEPOT STREET
ELLENVILLE, NY 12428
PHONE: 845-647-9187
FAX: 845-647-7495

LIVINGSTON MANOR OFFICE

68 SCHOOL STREET
LIVINGSTON MANOR, NY 12758
PHONE: 845-439-3713
FAX: 845-439-3823

NEVERSINK OFFICE

GERSHOWITZ TRANSPORTATION
7444 STATE ROUTE 55
NEVERSINK, NY 12765
PHONE: 845-985-2609
FAX: 845-985-0570

ROSCOE OFFICE

1 ATHLETIC FIELD RD
ROSCOE, NY 12776
PHONE: 607-498-5888
FAX: 607-498-4980

Hiring Criteria

For use when someone comes in for an initial interview. They should meet these criteria in order to proceed to next step....

The Next Step is

:CDL class, Driver Training

or

:Monitor Training

- ❖ Look for good people skills. Do they make eye contact when speaking? Do they curse? Are they polite?
- ❖ Ask them if they will be able to work well with Pre K and school aged children as well as adults with disabilities, including having a tolerance for varying disabilities and personalities.
- ❖ Inform them that they must have common sense, be able to keep on schedule and have the ability to learn the rules, regulations and policies regulating our industry and company. Were they on time for their interview? If not indicate and address.
- ❖ Inform them They must have excellent personal hygiene, clean clothes and the ability to keep a clean bus are required. Observe and note.
- ❖ Inform them that they must be able to pass a physical, drug screening (including pre-employment and random testing) and background check- which includes but is not limited to fingerprint processing and an internet review of any personal information that is available to the public (including social media – such as Facebook, Twitter, ect.).
- ❖ Advise prospective drivers that there will be an initial review of their driving record, with continual monitoring.

The “SCRIPT” will cover much of the above, but make note of the “visuals” referenced above.

BTW Trainers

Fallsburg-

Ellenville-

Liberty, Neversink, Roscoe, Manor-

Virginia Soule 800-9843

Naomi Stevens 701-7605

Rina Kern 647-2290

Valerie Mott 292-3467



APPLICATION FOR DRIVER LICENSE OR NON-DRIVER ID CARD

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.

This form is also available on DMV's web site at: www.nysdmv.com

Batch File No.
Image No.
LRC LAM LRN LDP LNO
LIS LIN POR PAM PRN PDP

I AM APPLYING FOR A (check any that apply):

- Learner Permit
ID card
Renewal
Replacement
Change
NYS license in exchange for a license from another US State, the District of Columbia or Canadian Province

VOTER REGISTRATION QUESTIONS (Please answer "yes" or "no".)

If you are not registered to vote where you live now, would you like to apply to register, or if you are changing your address, would you like the Board of Elections to be notified?
NOTE: If you do not check either box, you will be considered to have decided not to register to vote.

NEW YORK STATE ORGAN AND TISSUE DONATION

SIGN BELOW to enroll in the NYS Department of Health's Donate Life SM Registry. By signing, you are certifying that you are: 18 years of age or older; consenting to donate all of your organs and tissues for transplantation, research or both; authorizing DMV to transfer your name and identifying information to DOH for enrollment in the Registry; and authorizing DOH to allow access to this information to federally regulated organ donation organizations and NYS-licensed tissue and eye banks and hospitals, upon your death.

Check this box to make a \$1 voluntary contribution to the Life...Pass It On Trust Fund. The \$1 donation will be added to your total transaction fee. A contribution to the Fund is used for organ donation and transplant research and educational projects promoting organ and tissue donation.

Donor Consent Signature: Date:

IDENTIFICATION INFORMATION

Do you now have, or did you ever have: a New York driver license? Yes No or a non-driver ID Card? Yes No

If "Yes", enter the identification number as it appears on the license or non-driver ID card.

NYS DRIVER LICENSE OR NON-DRIVER ID CARD NUMBER

Grid for entering identification number

Do you have or did you ever have a driver license that is valid or that expired within the past year, issued by another US State, the District of Columbia or a Canadian Province? YES No If "Yes", where was it issued?

Date of Expiration: Type of License: License ID No.:

LAST NAME FIRST NAME MIDDLE NAME

DATE OF BIRTH SEX HEIGHT EYE COLOR SOCIAL SECURITY NUMBER* (SSN)

DAY PHONE NO. (Optional)

Area Code

* You must provide your SSN. Authority to collect your SSN is granted by Sections 490.3 and 502 of the Vehicle and Traffic Law. The information will be used only for exchange with other jurisdictions, to assist in verification of identity, and to invoke driver license sanctions pursuant to V&T Law Section 510(4-e). Your number will not be given to the public, or appear on any form or information request.

ADDRESS WHERE YOU GET YOUR MAIL - Include Street Number and Name, Rural Delivery and/or box number (If PO Box, also fill in "Address Where You Live" below)

Form for mailing address with Apt. No., City or Town, State, Zip Code, County

ADDRESS WHERE YOU LIVE IF DIFFERENT FROM MAILING ADDRESS - DO NOT GIVE P.O. BOX

Form for living address with Apt. No., City or Town, State, Zip Code, County

Has your name changed? Has your mailing address changed? Has the address where you live changed?

If "Yes", print your former name exactly as it appears on your present license or non-driver ID card.

OTHER CHANGE: What is the change and the reason for it (new license class, wrong date of birth, etc.)?

PLEASE COMPLETE AND SIGN PAGE 2.

FOR OFFICE USE: Other Restrictions, Endorsements, Vehicle Restrictions, License Class, Special Conditions, STOP/RESPONSE, Proof Submitted, Approved By, Date, Office

DRIVER LICENSE and LEARNER PERMIT APPLICANTS ONLY

1. Have you had, or are you being treated for, any of the following, or has a previous disability worsened? Yes No If "Yes", check all that apply.

- 1. Convulsive disorder, epilepsy, fainting or dizzy spells, or any condition which causes unconsciousness
- 2. Heart ailment
- 3. Hearing impairment
- 4. Lost use of leg, arm, foot, hand, or eye
- 5. Other (explain) _____

If you checked box 1, you and your doctor must complete form MV-80U.1, "Medical Statement for Medical Review Unit"; if you checked box 2, your doctor must complete form MV-80, "Physician's Statement". These forms can be obtained at any Motor Vehicles office or at www.nysdmv.com. If you checked boxes 3, 4 or 5, you must contact a Motor Vehicles office for instructions.

2. Have you had a driver license, learner permit, or privilege to operate a motor vehicle suspended, revoked or cancelled, or an application for a license denied in this state or elsewhere? Yes No

If "Yes", has your license, permit or privilege been restored, or your application approved? Yes No

PARENT/GUARDIAN CONSENT

I am the parent or guardian of the applicant, and I consent to the issuance of a learner permit, license or (if under 16) a non-driver ID card to him/her. I understand that I am responsible for certifying that the applicant has completed at least 20 hours of supervised "practice" driving prior to the applicant taking a road test, and that this certification (MV-262) must be presented at the time of the road test. Note to parent/guardian: *If the driver license applicant is 17 years old and has a Driver Education Student Certificate of Completion (MV-285), consent is not required.*

- Junior License
- Non-driver ID Card (under 16)

Parent or Guardian Sign Here →

(Relationship to Applicant)

(Date)

COMMERCIAL DRIVER LICENSE APPLICANTS ONLY Please answer questions 1 & 2, below:

1. Did you have a driver license from the District of Columbia or any US state, other than New York, in the past 10 years? Yes No

If YES, list the names of all of the states or DC, but if you are turning in a license from another state, do not list that state:

2. Do you certify that you comply with federal requirements set forth in 49 CFR Part 391 and have a valid Medical Examiner's Certificate? Yes No

If YES, give medical examiner's license number/issuing state: _____/_____,
and the Medical Certificate expiration date: _____.

If NO, will your commercial driving be limited to municipal and/or school operations only? Yes No

NOTE: For an explanation of 49 CFR 391 requirements and operations that do not require a Medical Examiner's Certificate, see form MV-44.5 Federal Requirements for Commercial Driver Applicants.

CERTIFICATION

I state that the information I have given on this application is true to the best of my knowledge. If I am applying for a replacement license, I certify that I am the holder of a valid New York State driver license that is not now suspended or revoked, and that this license has been lost, mutilated or destroyed. If I am applying for a replacement non-driver ID card, I certify that I am the holder of a valid New York State non-driver ID card and that this non-driver ID card has been lost, mutilated or destroyed. If the lost license or non-driver ID card is found after I receive the replacement license or non-driver ID card, I will turn in the original to the NYS Department of Motor Vehicles. If I am exchanging my out-of-state license for a NYS license, I certify that I was a permanent resident of the state or province in which my license was issued at the time the license was issued, that I have been licensed for AT LEAST 6 MONTHS, and that I have not failed a road test for a New York State driver license in the past 12 months. I understand that the waiver of the written and road tests is at the discretion of the Commissioner of Motor Vehicles. If I am a male at least 18 but less than 26 years of age, I consent to be registered with the Selective Service System (SSS), if so required by federal law. I authorize the Commissioner to forward to the SSS my personal information that is required for registration. If I am using a credit card for payment of any fees in connection with this application, I understand that my signature below also authorizes use of my credit card.

SIGN HERE →

PLEASE PRINT NAME →

IMPORTANT: Making a false statement in any license or non-driver ID card application, or in any proof or statement in connection with it, or deceiving or substituting, or causing another person to deceive or substitute in connection with such application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may result in the revocation or suspension of your license or non-driver ID card.

CREDIT CARD AUTHORIZATION IF CARDHOLDER IS NOT THE APPLICANT:

My signature authorizes _____
to use my credit card for payment of any fees in connection with this application.

Sign Here →

(Cardholder-Sign Name in Full)

O F F I C E	TEST RESULTS		Applicant's Signature		Examiner's Initials	
	Eye	<input type="checkbox"/> Pass <input type="checkbox"/> Corrective Lens	1			
	Written	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	2			

MV-44 (4/08)

NEW YORK STATE VOTER REGISTRATION APPLICATION INFORMATION

(Please read before you complete application on the other side.)

OFFICE USE ONLY

You Can Use This Form To:

- register to vote in New York State
- change your name and/or address, if there is a change since you voted
- enroll in a political party or change your enrollment

Información en español: si le interesa obtener este formulario de registro del votante en español, llame al 1-800-367-8683

中文資料：如果你有興趣索取選民中文登記表請電 1-800-367-8683

To Register You Must:

- be a U.S. citizen
- be 18 years old by December 31 of the year in which you file this form *(note: you must be 18 years old by the date of the general, primary or other election in which you want to vote.)*
- live in the county, city, or village, at least 30 days before an election
- not be in jail or on parole for a felony conviction
- not claim the right to vote elsewhere

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the NYS Board of Elections, 40 Steuben Street, Albany, NY 12207-2109, Phone 1-800-469-6872.

If you have any questions about registering to vote, you should call your County Board of Elections or call 1-800-FOR-VOTE (only for Voter Registration questions). If you live in New York City, you should call 1-212-VOTE-NYC. Hearing impaired people with TDD may call 1-800-533-8683. You may also log on to our website for information at: www.elections.state.ny.us

NEW YORK STATE VOTER REGISTRATION APPLICATION - (Fill out this part only if you want to register to vote or change your address or other information with the Board of Elections, and if you are also filling out the DMV application above.)

If you register to vote, your completed voter registration application will be sent directly to the Board of Elections. If you decline to register, your decision will remain confidential. You will be notified by your County Board of Elections when your voter registration application has been processed.

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered NO, do not complete this form.</i>	I will be 18 years old on or before election day: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered NO, do not complete this form, unless you will be 18 by the end of the year.</i>	Home Telephone Number (optional) Area Code ()	
Last year voted	Your Address was <i>(give house number, street, and city)</i>	In county/state	Under the name <i>(if different from your name now)</i>

Choose a Party – Check one box only

- DEMOCRATIC PARTY
- REPUBLICAN PARTY
- INDEPENDENCE PARTY*
- CONSERVATIVE PARTY
- WORKING FAMILIES PARTY
- OTHER (write in) _____
- I DO NOT WISH TO ENROLL IN A PARTY

Please note: In order to vote in a **primary election**, you must be enrolled in a party. *Except the Independence Party which permits non-enrolled voters to vote in their primary election.

AFFIDAVIT: I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city, or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark on the line below.
- The above information is true. I understand that if it is not true I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

↓ Signature or mark ↓

X

_____ Date

Scheduling road test

Go to DMV website

<http://www.nysdmv.com/index.htm>

- Click on Schedule Road test
- Click 'on line'
- Click 'log on'
- Enter Drivers license number and date of birth
- Follow directions (choose CDL, out in zip code, choose date etc....)
- Use the following credit card to pay for road test:
 - Master card 5588460001216089 expiration 7/10
 - Name: Phil Vallone
 - Zip code of billing address: 12779
- Print Road test information

Telephone Reference Check Form

Applicant Information

Applicant Name: _____ Date: _____
Last First M.I.

Position Applied for: _____

Recruiter Name: _____

Contact Information

Name of Contact: _____

Title: _____ Phone: () _____

Company: _____

Address: _____
Street Address Suite #

City State ZIP Code

Reference Comments

Was the applicant an employee of your company? YES NO

When? START DATE: _____ END DATE: _____

What was the applicant's position on the last day of employment? _____

What were the applicant's job responsibilities?

What are the applicant's strengths?

Weaknesses?

Rolling V/Gershowitz

How would you characterize the applicant's problem-solving skills?

How would you characterize the applicant's technical skills?

Did the applicant work on multiple projects at once? If so, how did he/she handle it?

Please describe a time when the applicant had a conflict with a co-worker. How did he/she handle it?

What was the applicant's reason for leaving your employ?

Would you rehire this applicant?

YES

NO

Is there anything else you would like to add?

Rolling V/Gershowitz

Thank you for your time and assistance.

Staff Person Making Call: _____ Date of Call: _____

EMPLOYEE EVALUATION

Employee Name:	Evaluation for the period:
Staff Person:	Evaluation for training area: (circle one) Interview/CDL class/BTW training/VD ride along
GOALS AND OBJECTIVES DURING THIS EVALUATION PERIOD	
<input type="checkbox"/> On time for all appointments <input type="checkbox"/> Respectful <input type="checkbox"/> Neat/Clean Hygiene/Attire	
ACHIEVEMENTS, ACCOMPLISHMENTS, AND RESPONSIBILITIES	
<input type="checkbox"/> Turned in all paperwork <input type="checkbox"/> Completed all tasks required	
PERSONALITY	
<input type="checkbox"/> Good eye contact <input type="checkbox"/> Asks questions <input type="checkbox"/> Takes constructive criticism without arguments <input type="checkbox"/> Pays attention to details	
VEHICLE HANDLING	
<input type="checkbox"/> Has progressed well in BTW training <input type="checkbox"/> Unsafe maneuvers have decreased as training has progressed <input type="checkbox"/> Makes good decisions behind the wheel	
CONCERNS	
STAFF PERSON SIGNATURE	
Name:	
Date:	

PHONE INTERVIEW-CDL CLASS

Trainee Name:	Trainee Phone Number:
Staff Person:	Date of Call:
INTEREST IN CLASS	
<input type="checkbox"/> Who recommended you for this class? _____	
Job Description The most basic description of the job is to transport children to and from school and school events safely. Obviously, you must be a safe driver with common sense, able to keep on schedule, have the ability to learn the rules and regulations and policies regulating our industry and company. Good people skills are essential in the day to day dealings with students, parents, customers, school officials and co-workers. You should have pride in yourself and the job you do and that pride starts with presenting yourself to the public as a professional. Personal hygiene, clean clothes and a clean bus are starting points to achieve this.	
<input type="checkbox"/> Are you interested in becoming employed with our company? _____ (if yes- read details below) Typical work hours are usually in the morning between 6:30am-8:30am and afternoon between 2pm-4pm, about 3-4 hours per day. The pay for these routes is about \$50-75 per day, depending on which routes are available. In the Fall, Spring and Summer, there opportunities to earn more money in the company to provide transportation services for other purposes such as class trips, school athletic trips, summer camps and regular charter trips. This type of work is paid at the hourly rate of \$12 an hour. You will be entitled to annual pay increases, holiday pay and snow day pay under certain conditions. We offer a great company matched 401k program after 6 months of employment and a shared premium health care program after one year.	
HISTORY	
<input type="checkbox"/> Would you consider yourself a good driver? _____ <input type="checkbox"/> How long have you been a licensed driver? _____ <input type="checkbox"/> Have you driven professionally before? _____ <input type="checkbox"/> During the hiring process there will be a review of your driving record, a criminal background check, an internet background check and you must be able to pass a physical and drug screening. Do you foresee any issues in these areas that may disqualify you? _____	
Training process: Our drivers are required to have a Commercial Drivers License with a passenger, school bus and passenger endorsement. Obtaining this type of CDL is a two part process: First, you must pass a written test at the DMV to obtain your permit. We provide a 9 hour class to prepare you for the permit test. Second, you must pass a road test using a school bus. Once you have your permit, we provide an on-the-road trainer to take you out in the vehicle to prepare you for the road test.	
<input type="checkbox"/> If you plan to work for us, this training is at no cost to you, however you will be asked to sign a financial obligation form. This form states that if you should drop out of training or should end the relationship with the company within 6 months, you will be responsible for repaying this money back to the company. Training fees range from \$250 to \$300. <ul style="list-style-type: none"> o Participants in the training program are not paid until they received their license- however we do offer a training bonus of \$250 rewarded to all drivers who complete the training program after 6 weeks of employment. <input type="checkbox"/> If you do not plan to work for us, the fees are as follows: \$45 for the CDL class time, then \$40 per hour for Behind-the-wheel training time which typically takes between 6 and 10 lessons, depending on the trainee, along with a \$150 fee for us to take you to the road test with a bus.	
*check above whether they plan to work for our company or not	
Interested?	
WE OFFER CLASSES ONCE A MONTH. (CHECK THE CALENDAR AND TELL THE APPLICANT THE DATES AND TIMES) ASK APPLICANT IF THEY WOULD YOU LIKE YOU TO MAIL THEM SOME INFORMATION ABOUT THE CLASS AND THE NYS CDL MANUAL. ADDRESS: _____ _____ _____	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Dates of CDL classes signed up to attend: _____ </div>	

Internal Document Only- Contains confidential data

To pull an abstract:

Only use for new people or once a year for regular drivers

Go to:

<http://www.nysdmv.com/dial-in/>

Click LOG IN

Account Number: 1155761

Secondary Password: golf

Hit ENTER

At sign in complete screen hit enter

Press LICENSE button

Press MOTORIST IDENTIFICATION NUMBER button

Enter License # in box and hit ENTER

You will get to the first screen of abstract

Make sure and hit print button

Then press next for each page and print

Until you get to where it says "end record"

Then hit the ABSTRACT button

Return to Menu to continue on