

CONTRACTOR APPLICATION

Revised 6.26.17

Date of application: _____	<input type="checkbox"/> New Contractor <input type="checkbox"/> Existing Contractor
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PERSONAL / BUSINESS INFORMATION

Name/Business Name: _____		
Home Phone: _____	Cell: _____	Work: _____
Street Address/P.O. Box: _____		
City / Zip: _____	County of Residence: <input type="checkbox"/> St. Mary's <input type="checkbox"/> Charles <input type="checkbox"/> Calvert	
Email Address: _____		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth: _____	Social Security Number: _____
Federal Tax Identification Number (if applicable): _____		
Check One: <input type="checkbox"/> Own Home <input type="checkbox"/> Rent	Number of years residing in St. Mary's County: _____	

EMPLOYMENT HISTORY

Currently Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Self-Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of current / most recent employer: _____	
Address: _____	Phone Number: _____
Dates of employment: _____	Type of work performed: _____
Reason for leaving (if applicable): _____	

EXPERIENCE

What computer programs are you familiar with: _____	
Describe your supervisory experience: _____	Number of years: _____
Describe your experience of owning/operating a business and the number of years: _____	
Are you currently a school bus contractor: <input type="checkbox"/> Board of Education <input type="checkbox"/> Non-Public School Bus Division	
If so, please list the number of years you have been a contractor, and the number of school vehicles owned: _____	

EDUCATION

High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	School Attended: _____
Name of business school, trade school, college or university attended: _____	
Years completed: _____	Degree / Certificate received? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

List three (3) persons not related to you by blood or marriage that will provide a professional reference. By listing this information you hereby give St. Mary's County DPW&T permission to contact these individuals.

1. Name: _____ Address: _____ _____ _____ Phone Number: _____	2. Name: _____ Address: _____ _____ _____ Phone Number: _____	3. Name: _____ Address: _____ _____ _____ Phone Number: _____
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List any information about yourself that you feel may be important in obtaining a contract with St. the Mary's County Non-Public School Bus Division:

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EMERGENCY CONTACT INFORMATION

Person to be contacted if you are not available:

Name:

Relationship:

Address:

Phone Number:

APPLICABILITY

Do you have the ability to provide drivers on a regular basis? If so, how many? _____

If you should place a bus in operation for the Board of County Commissioners for St. Mary's County, would you drive the bus on a full time basis? Yes No

If selected as contractor for the advertised routes, where would the school buses you would utilize be stored on a regular basis?

Years of consecutive driving experience for the following: CAR _____ TRUCK _____ BUS _____

Have you ever driven a school bus? Yes No Number of years: _____

Class of license held: CDL: _____ Endorsements: S P Airbrakes Other: _____

Ever involved in a traffic accident: Yes No Has your license ever been suspended/revoked: Yes No

Have you ever been arrested for violating traffic laws? Yes No If yes, when and why: _____

How many points are currently on your driving record?

Do you have a criminal history / record? Yes No

Has your insurance ever been refused or cancelled on vehicles you own because of your driving record? Yes No

If yes, please explain:

Do you currently own a school bus? Yes No If yes, how many: _____

Are you currently in the process of purchasing a school bus? If so, from whom are you purchasing it?

If you do not currently own a school bus please describe the means by which you plan to obtain one, or more:

If known, please list the make, model and year of each school vehicle you intend to use on a bus route for the St. Mary's County Board of County Commissioners, should you be selected as contractor:

The information given on this Application is correct to the best of my knowledge. I further understand that both myself, and my driver(s) are subject to a background check and the drug and alcohol testing program, as required under the FMCSA 49 CFR regulations, should I be selected as a contractor for the St. Mary's County Non-Public School Bus Division.

Signature: _____

Date: _____

MAIL/DELIVER APPLICATION TO:

St. Mary's County Non-Public School Bus Division
44829 St. Andrew's Church Rd.
P.O. Box 409
California, MD 20619

For inquiries, please contact:

Ms. Becky George, Non-Public School Bus Supervisor
301-485-4200 ext. *1124
becky.george@stmarysmd.com

IMPORTANT: All applications must be submitted with a current certified MVA driving record, *Criminal background check and a complete vehicle inspection history report (if a school bus has already been secured). Any application submitted without these items may be disqualified.

FOR NON-PUBLIC SCHOOL BUS DIVISION USE ONLY

CLOSING DATE FOR THIS APPLICATION: _____

DATE RECEIVED BY COUNTY: _____ INITIALS: _____