

**BUS DRIVER'S  
QUALIFICATION FILE**

**NEW YORK STATE**

ID: [REDACTED]  
JOB: [REDACTED]

**COMMERCIAL  
DRIVER LICENSE**

**COOK, EDWARD, N**

**BERNE NY  
12023-9802**



SEX M EYES BL HT 5-08 CLASS B  
END REST K  
ISSUED 09-22-93 EXPIRES [REDACTED]

*[Signature]* [REDACTED]



STATE OF NEW YORK  
DEPARTMENT OF MOTOR VEHICLES

---

EMPIRE STATE PLAZA, ALBANY NY 12228

RICHARD E. JACKSON, JR.  
Commissioner

12/11/96

KINNICUTT BUS INC

2 ELMWOOD ROAD  
MENANDS, NY

12204

RE: TREACY, WILLIAM  
**[REDACTED]**

We are pleased to inform you that the above driver is qualified to drive a school bus in New York State.

This qualification is based on a review of the driver's record in accordance with Article 19-A of the Vehicle and Traffic Law.

The Bus Driver Certification Unit

APPLICATION FOR POSITION OF  
REGULAR OR SUBSTITUTE DRIVER

Name... William J. Treacy ..... \*Date of Birth... [redacted]  
Social Security No. [redacted]  
Present Address [redacted] Menands NY 12004

Last Previous Address [redacted]  
1. Class of driver's license... B-P Expiration date of such license [redacted]  
Motorist Identification No. [redacted]  
State of Issuance... NY

2. How many years have you driven? 57 Have you ever had an accident whi  
driving the past five years which resulted in injuries to yourself or  
others? ..... (Yes) ..... (No)   
If yes, describe extent of accident or accidents.....

3. Have you been convicted of moving traffic violations (reckless driving,  
etc.) or of any criminal act during the past three years? No  
If yes, give:

Date	Charge	Court & Location

4. Active driving experience: ..... 57 ..... Years  
(Passenger bus or heavy truck) 57 Years (Light truck or station wagon) 57 Years

5. Do you use intoxicants? Frequently... Seldom... Never   
6. Do you use drugs? Frequently... Seldom... Never   
7. Have you ever had any convulsions or periods of unconsciousness? No  
8. Are you presently employed? Yes If yes, where? K.B.I.  
9. List employment, in consecutive order for the past three years.

10. Have you ever attended a Bus Driver Training Course? N/A (Yes) ..... (No) .....  
Other such courses  (Yes) ..... (No) If yes, give date, place and  
duration of each kind of course 2-hr. Refresher course every 6 mo.

11. Attach to this application form at least three (3) statements from  
three different persons who are not related to you either by blood  
or marriage pertaining to your moral character and reliability.

To the best of my knowledge and belief the answers to the above  
questions are true.  
9/1/99 Date  
[Signature] Signature of Applicant

I have reviewed the above application, the three character statements and  
the report of the physician pertaining to the above-named applicant for the  
position of bus driver for the year 1999/00 for School District  
No. ....

Town of... Colonie ..... County of... Albany .....  
I hereby approve his (her) employment. [Signature]  
9/1/99 Date  
Supervisor of the carrier or  
Chief School Officer

If you knowingly make a false statement in this application, you commit a  
misdemeanor.

Denotes Education Department requirements



EXAMINATION TO DETERMINE PHYSICAL CONDITION OF DRIVER UNDER ARTICLE 19A



INSTRUCTIONS TO PHYSICIAN:

- For New/Initial Examinations and Recertification—complete ALL items on both sides of the form and sign where indicated.
For Follow-up Examinations—complete ONLY those items which require follow-up information and/or evaluation from prior examination.
Sign the form where indicated.

Section 1 - DRIVER INFORMATION (to be completed by driver and verified by the medical examiner)

Driver's Last Name: Treacy, First: William, M.I.: J., Date of Birth: [redacted], Street Address: [redacted], City: Menands, State: NY, Zip Code: 12204, Social Security Number: [redacted], Driver's Signature: [redacted], Date: 9-4-9, Employer's Name: Kinnicott's Bus Co., Street Address: Elmwood Rd, City: Menands, State: NY, Zip Code: 1220

CURRENT MEDICAL PROBLEMS
Diabetes Mellitus

MEDICINES USED REGULARLY

ZOCOR 40mg 1x day
Glyburide 5mg 2x day
POTASSION 10m. 1x day

Section 2 - HEALTH HISTORY (to be completed by the driver and reviewed by the medical examiner)

Health history grid with columns YES/NO and rows for various conditions: HEAD INJURY, HEART DISEASE, SEVERE TRAUMA, NECK OR SPINE INJURY, CURRENT AND/OR UNSTABLE HEART DISEASE, PERMANENT DEFECTS, COLLAPSE OR FAINTING, STOMACH OR BOWEL PROBLEMS, ALCOHOLISM, EPILEPSY OR SEIZURES, BLADDER OR KIDNEY DISEASE, SMOKING, SKIN PROBLEMS, PROSTATE, PELVIC OR MENSTRUAL PROBLEMS, DIABETES OR SUGAR PROBLEMS IN FAMILY, EAR (HEARING) PROBLEMS, CANCER, THYROID, ENDOCRINE OR METABOLIC DISEASE, EYE (VISION) PROBLEMS, SYPHILIS, GONORRHEA, V.D., SLEEP PROBLEMS, GLASSES OR CONTACTS WORN, ARTHRITIS, TUBERCULOSIS, THROAT OR SWALLOWING PROBLEMS, MUSCLE PROBLEMS, OTHER, SHORTNESS OF BREATH, NERVOUS PROBLEMS, DRUGS USED REGULARLY - LIST: Glucophage 400mg 1x day, Potassium 10m 1x day

If answer is YES, explain in Section 4 "Remarks"

Section 3A- PHYSICAL EXAMINATION (to be completed by the medical examiner)

Table with columns: Normal, Abnormal, Comment\*. Rows include: General Appearance, Head, Neck - Spine: Mobility, structure, pain, Ears: Canals, drums, hearing, Eyes: Pupils, cornea, retina, EOM, Nose, mouth, throat, Thyroid, lymphatics, Chest: Mobility, shape, Lungs: Aeration, perc and ausc, Heart: Size, rhythm, murmurs, Peripheral and carotid pulses, Abdomen: Scars, masses, pain, Rectal & Stool for occult blood, Extremities: Structure & function, Reflexes: Cranials, DTR's, babinskis. Handwritten notes: s/p angioplasty 10 yrs ago, (-) occult blood.

\*Further comment can be explained in Section 4 ("Remarks").

**Section 3B - DATA BASF - (to be completed by the medical examiner)**

BP 144/84 P 64 WT 216 HT 5'6 1/2"

Visual Acuity (Snellen, in each eye)..... Right 20/40 Left 20/30 Corrective Lenses  Yes  No

Field of Vision (in degrees of horizontal meridian in each eye) ..... Right normal degrees Left normal degrees Both normal degrees

Color Perception Test.....  Pass  Fail (Test Used \_\_\_\_\_)

Hearing Test..... Test Used conversations **Audiometric (if performed)**

Right Ear	Left Ear	Right Ear Average hearing loss in decibels	Left Ear Average hearing loss in decibels
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Urinalysis..... Alb neg Sugar neg Cells neg

Other as indicated (list) .....

Drug and Alcohol Screening

EKG

Serologies

Chemistries

Special Laboratory

**Section 4 - PHYSICIAN'S CERTIFICATION (to be completed by the medical examiner)**

New/Initial Certification  Recertification  Follow-Up

**Restrictions and/or follow-up:**

- Qualified only when wearing corrective/contact lenses.
- Qualified - Certification required every six months for diabetic condition.
- Qualified only when wearing a hearing aid.
- Qualified only by use of prosthetic devices or equipment modifications.

Description/Type: \_\_\_\_\_

**REMARKS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I have examined WILLIAM TREACY in accordance with the Commissioner's Regulations and with knowledge of the driver's duties. In accordance with Commissioner's Regulation 6.10, I find:

- The above named person is physically or medically qualified.
- The above named person is physically or medically qualified with **Restrictions and/or Follow-up** as detailed above.
- The above named person **IS NOT** physically or medically qualified because \_\_\_\_\_

CARMELA VILLA MD (Print Name of Examining Physician, P.A., Advanced Practice Nurse or Nurse Practitioner)

1662 CENTRAL AVE ALBANY NY 12205 (Address of Examining Physician, P.A., Advanced Practice Nurse or Nurse Practitioner)

[Signature] (Signature of Examiner)

4/29/99 (Date)

If the examination was conducted by a Physician's Assistant, Advanced Practice Nurse or Nurse Practitioner, the Supervising Physician must certify as follows: I certify that the individual who conducted the above examination was acting under direction and supervision and, if applicable, in accordance with a written practice or protocol agreement.

\_\_\_\_\_ (Print Name of Supervising Physician)

\_\_\_\_\_ (Signature of Supervising Physician)

W. M. Tracy

TO WHOM IT MAY CONCERN:

I, Albert G. Lippincott, have personally  
known: Wm. Tracy for several years  
and can attest to his/her honesty and high moral  
character.

~~Albert G. Lippincott~~

Address: [REDACTED]

Albion, N.Y. 12007

TO WHOM IT MAY CONCERN:

I, Jean Jones, have personally  
known Wm. Treacy for several years  
and can attest to his/ ~~her~~ honesty and high moral  
character.

Jean Jones  
[Redacted]  
Address: [Redacted]  
Manhasset N.Y.



TO WHOM IT MAY CONCERN:

I, Chief Francis Kimpson, have personally  
known: William D. ... for several years  
and can attest to his/ ~~her~~ honesty and high moral  
character.

Chief Francis Kimpson

Address: Minneapolis, Police Dept

250 Broadway, Minneapolis, MN



New York State Department of Motor Vehicles  
CARRIER'S ANNUAL REVIEW OF EMPLOYEE'S  
DRIVING RECORD UNDER ARTICLE 19-A



SECTION 1 (to be completed by driver)

DRIVER CERTIFICATION				
Driver's Last Name	First	M.I.	Date of Birth (Month/Day/Year)	Social Security Number
Treacy	William	J	[REDACTED]	[REDACTED]
Street Address	City		State	Zip Code
[REDACTED]	Menands		NY	12204
Employer's/Carrier's Name	Street Address	City	State	Zip Code
Kinnicutt Bus Inc.	2 Elmwood Dr.	Menands	NY	12204

Were you involved in ANY motor vehicle accident(s) during the past year?

YES  NO If YES, complete Section 2 below:

ACCIDENT INFORMATION (if additional space is needed, use the back of this form)				
Date of Accident	Location City, State, Zip Code, County	Briefly describe property damage, type of vehicle involved and approximate dollar value of damage for each vehicle	Number of People Injured	Were there any fatalities? Indicate YES or NO

Were you convicted of ANY moving traffic violation(s) or any crime(s) during the past year?

YES  NO If YES, complete Section 3 below:

RECORD OF CONVICTIONS (if additional space is needed, use the back of this form)			
Date of Violation	Date of Conviction	Of What Charge Were You Convicted?	Court Location — City, State, Zip Code, County

DRIVER ACKNOWLEDGEMENT

To the best of my knowledge and belief, the information I have given above is true and correct.



9/1/99  
(Date)

SECTION 2 (to be completed by carrier)

**CARRIER CERTIFICATION**

I have compared the information given by the driver with the driver's abstract of operating record. I have ensured that all accident and conviction details not appearing on the driver's abstract are listed on this form. I HAVE ATTACHED THE DRIVER'S ABSTRACT(S).

I interviewed this employee on 9/1/99 and certify that this driver meets the standards for safe driver has been instructed in, and is in compliance with, the provisions of Article 19-A, and is qualified to drive a bus.


V.P.  
(Title)  
9/1/99  
(Date)

FROM : TRANSPORTATION RISK MGT

PHONE NO. : [REDACTED]

Aug. 23 1999 03:31PM P23

TODAY'S DATE: 7/29/1999 TIME: 15:38:35  
\*RECORD EXPANSION FOR: TREACY, WILLIAM, J

CLIENT ID#: [REDACTED]  
TREACY, WILLIAM, J DOB: [REDACTED] SEX: M  
[REDACTED] HEIGHT: 5-8 EYE COLOR: BROWN  
MENANDS NY 12204 COUNTY: ALBA  
MI #: [REDACTED]

RESTRICTIONS: CORRECTIVE LENSES

LICENSE CLASS: CDL \*B\* STATUS: VALID EXPIRATION: [REDACTED]  
CDL ENDORSEMENTS: PASSENGER  
RESTRICTIONS: NONE  
S19A STATUS: ACTIVE - SCHOOL QUALIFIED

\*\*\*\*\* ACTIVITY \*\*\*\*\*  
CDL-B 02/20/1992 ENDORSEMENTS: PASSENGER  
RESTRICTIONS: NONE

\*\*\* ENTER NEXT FUNCTION CODE NEXT \*\*\* ( RECORD CONTINUED ON FOLLOWING PAGE )

\*\*\*\*\* ACCIDENTS \*\*\*\*\*  
ACCIDENT DATE: 10/20/1997 PROPERTY DAMAGE COUNTY: ALBA CASE #: 97-594833  
POLICE REPORT FILED

\*\*\* END OF RECORD \*\*\*

\*\*\* ENTER NEXT FUNCTION CODE MENU \*\*\*



New York State Department of Motor Vehicles  
**REPORT ON ANNUAL DEFENSIVE DRIVING  
PERFORMANCE FOR DRIVER UNDER ARTICLE 19A**



**INSTRUCTIONS TO CERTIFIED EXAMINER:**

- Regular observation of a driver's defensive driving performance must be conducted while the driver is operating the vehicle with passengers.
- Driver's performance test may **NOT** be conducted on the same day as the biennial behind-the-wheel road test.
- Discuss performance with driver, complete rating, driver acknowledgement, and examiner certification.

**SECTION 1 - DRIVER INFORMATION**

Driver's Last Name <u>Treacy</u>	First <u>William</u>	M.I. <u>J.</u>	Date of Birth (Month/Day/Year) [REDACTED]	Social Security Number [REDACTED]
Street Address [REDACTED]			City <u>Menands</u>	State <u>NY</u> Zip Code <u>12204</u>
Motorist/Client ID Number <u>U</u>	Class of Driver's License <u>B</u>		Endorsements <u>P</u>	Restrictions <u>-</u> Expiration Date [REDACTED]

**SECTION 2 - CARRIER INFORMATION**

Name of Carrier/dbe or School District <u>Kinnicutt Bus, Inc.</u>	Federal ID Number <u>14-1631703</u>
Street Address <u>2 Elmwood Dr. Menands, NY 12204 (518) 436-0580</u>	City [REDACTED] State [REDACTED] Zip Code [REDACTED]

**SECTION 3 - OBSERVATION (may be conducted inside or outside the vehicle)**

	Satisfactory	Unsatisfactory		Satisfactory	Unsatisfactory
1. Observation .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Observes Proper Following Distance..	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Traffic Lane Use (include center line violation) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Procedures for Receiving and Discharging Passengers .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Speed .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Traffic Interaction .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Properly Signals Intention .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Knowledge of Emergency Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Turning .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Knowledge of Operation of Safety Equipment.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Vehicle Control .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
7. Obeys Traffic Signs, Signals and Road Hazard Signs .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

**SECTION 4 - EXAMINER'S SUMMARY REPORT OF DRIVER'S PERFORMANCE**

Date of Observation 9/3/99 Vehicle Driven -- (specify- adult seating capacity, gross vehicle weight rating (GVWR) and plate #) #55 44 26,000 lbs BD2899 Observation Conducted  Inside  Outside

Comments: \_\_\_\_\_

**SECTION 5 - DRIVER ACKNOWLEDGEMENT**

I acknowledge discussion of my defensive driving performance on 9/2/99 by the examiner who observed and rated my performance

[Signature] (Driver Signature) 9/1/99 (Date)

**SECTION 6 - EXAMINER CERTIFICATION**

I certify that the above report is, to the best of my knowledge, true and correct, that I personally observed the above driver's defensive driving performance, and that I currently hold a valid examiner certification as required in accordance with Article 19A of the New York State Vehicle and Traffic Law.

Howard J. Kinnicutt (Name of Certified Examiner) [Signature] (Signature of Examiner)

B (Certification Class) P (Endorsements) - (Restrictions) 060074 (Certified Examiner's Number) 3/25/04 (Expiration Date)



Driver's Last Name <b>Treacy</b>	First <b>William</b>	M.I. <b>J.</b>	Date of Birth (Mo./Day/Yr.) [REDACTED]	Test Date (Mo./Day/Yr.) <b>9/3/19</b>	
Driver's Signature (Sign name in full) <i>William J. Treacy</i>			Social Security Number [REDACTED]		
Motorist/Client Identification Number [REDACTED]		License Class <b>B-P</b>	Expiration Date (Mo./Day/Yr.) [REDACTED]		
Type of Vehicle (Adult seating capacity, GVWR) <b>44 26000 lbs</b>			Vehicle Plate Number <b>BD2899</b>		

**NOTE: THIS TEST MAY NOT BE CONDUCTED ON THE SAME DAY AS THE ANNUAL DEFENSIVE DRIVING PERFORMANCE TEST.** If the driver fails the test, he/she is disqualified from driving under Article 19A. He/she may make a request to the carrier for a reexamination.

**TESTING:** Examiner will circle the point value of those skills not properly performed. Driver is disqualified if 30 or more points are circled or any DISQUALIFICATION (DQ) item is circled, or any two 10-point items are marked.

	Point Value		Point Value
<b>I. PRE-TRIP TEST</b>		<b>EN-ROUTE (Continued)</b>	
A. Failed to check wheels, tires	5	L. Fails to use proper steering control	5
B. Failed to check validation of required vehicle stickers	5	M. Fails to use proper braking	5
C. Failed to check lights	5	N. Fails to use proper acceleration	5
D. Failed to check horn, heater, defroster	5	O. Fails to use proper speed for conditions	DQ
E. Failed to check emergency equipment: fire extinguisher, spare electric fuses, and emergency reflectors	5	P. Fails to anticipate hazards	5
F. Seats: Passenger entry and emergency exits	5	Q. Fails to yield right of way	DQ
G. Failed to check all gauges	5	R. Fails to use proper lane/s	10
H. Fails to check and adjust all mirrors	5	S. Fails to properly use transmission	5
I. Fails to check air brakes	5	T. Fails to observe traffic control devices	DQ
J. Fails to properly use seat belt	5	<b>IV. PARKING AND BACKING</b>	
K. Failed to perform 50 ft. brake test	10	A. Fails to leave the vehicle to check rear before backing (no observer)	10
<b>II. DEPARTING</b>		B. Fails to observe (backing)	DQ
A. Failed to signal	5	C. Unable to park	DQ
B. Failed to observe	10	D. Fails to properly position the vehicle	5
C. Failed to use caution	10	E. Stops too far away from or hits curb	5
<b>III. EN-ROUTE</b>		F. Excessive maneuvers in parking	5
A. Fails to properly signal	5	<b>V. SIMULATED PROCEDURES FOR RECEIVING/DISCHARGING PASSENGERS</b>	
B. Fails to observe	10	A. Fails to use caution at approaching/departing, receiving/discharging points	DQ
C. Fails to make proper turns	10	B. Fails to properly activate warning lights/devices (where applicable)	DQ
D. Fails to use proper judgment approaching/at intersection; speed, turning, stopping, observing, etc.	10	C. Lacks knowledge of proper crossing procedures as required by NYS Education Department (where applicable)	DQ
E. Fails to make proper lane changes; signals _____, observes _____, procedure _____	5	D. Fails to observe pedestrians/passengers or other hazards at receiving and discharge points (if applicable)	DQ
F. Fails to regularly check mirrors while driving	5		
G. Fails to stop properly at RR crossing	DQ		
H. Fails to use proper clutch/engine control	5		
I. Fails to use proper judgment in traffic	10		
J. Fails to keep proper following distance-Knows the "following distance rule"	DQ		
K. Fails to use proper speed - impedes traffic	5		

**SCORING:**  
 Total Points Value Circled Above \_\_\_\_\_  
 Disqualification (DQ) Circled Above  YES  NO

**RESULTS:**  
 PASSED  
 DISQUALIFIED (\*Indicates grounds for immediate failure)  
 Two 10-point items  
 Test Score  
 Accident\* \_\_\_\_\_  
 Dangerous Action\* \_\_\_\_\_  
 Serious Violation\* \_\_\_\_\_

**CERTIFIED EXAMINER'S COMMENTS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Certified Examiner's Name  
**Howard Kinnicut**

Certification Class <b>B</b>	Endorsements <b>P</b>	Restrictions <b>-</b>	Certificate Number <b>060074</b>
---------------------------------	--------------------------	--------------------------	-------------------------------------

Certified Examiner's Signature  
[REDACTED]

### SCHOOL BUS DRIVER PHYSICAL PERFORMANCE TEST

DRIVERS LAST NAME <b>TREACY</b>		FIRST NAME <b>WILLIAM</b>	M.I. <b>JAMES</b>	DRIVERS SIGNATURE <i>[Signature]</i>	
STREET ADDRESS [REDACTED]			VEHICLE TYPE <b>LARGE</b>		
CITY <b>ALBANY</b>	STATE <b>NY</b>	COUNTY <b>ALBANY</b>	ZIP CODE	19-A CARRIER <b>KINNICHTI</b>	
MOTORIST ID NUMBER [REDACTED]		LICENSE CLASS/ENDORSEMENTS/RESTRICTIONS <b>B-P-</b>		TEST LOCATION <b>KINNICHTI</b>	

INSTRUCTOR: SEE PT 901 FOR COMPLETE GUIDELINES FOR THIS TEST. CIRCLE "PASS" OR "FAIL" FOR EACH STANDARD. ENTER TIME FOR TIMED STANDARDS. IF TIMED TEST IS NOT COMPLETED ENTER "DNC" (DID NOT COMPLETE) and STOP THE TEST.

STANDARD #1	Bus Steps	TIME <u>27</u>	<input checked="" type="radio"/> PASS	FAIL
STANDARD #2	Throttle/Brake	TIME <u>9.1</u>	<input checked="" type="radio"/> PASS	FAIL
STANDARD #3	Brake/Clutch		<input checked="" type="radio"/> PASS	FAIL
STANDARD #4	Door		<input checked="" type="radio"/> PASS	FAIL
STANDARD #5	Hand Controls (ENTER NAME OF CONTROL FOR EACH SEGMENT OF THIS STANDARD)			
RIGHT SIDE CONTROL #1	<u>Lights</u>	TIME <u>1.5</u>	<input checked="" type="radio"/> PASS	FAIL
RIGHT SIDE CONTROL #2	<u>Lights</u>	TIME <u>1.2</u>	<input checked="" type="radio"/> PASS	FAIL
LEFT SIDE CONTROL #1	<u>FAN</u>	TIME <u>1.3</u>	<input checked="" type="radio"/> PASS	FAIL
LEFT SIDE CONTROL #2	<u>FAN</u>	TIME <u>1.2</u>	<input checked="" type="radio"/> PASS	FAIL
STANDARD #6	Emergency Exit	TIME <u>16.6</u>	<input checked="" type="radio"/> PASS	FAIL
STANDARD #7	Weight Drag	TIME <u>29</u>	<input checked="" type="radio"/> PASS	FAIL

In accordance with the Commissioner's Regulation 156.3, and guideline PT 901, and with knowledge of his/her duties, I certify that the above named driver:

- IS qualified by the physical performance standards
- IS NOT qualified by the physical performance standards

School Bus Driver Instructor

PRINT NAME <b>Brian Shea</b>	SIGNATURE <i>[Signature]</i>	SBDI # <b>#84C</b>	DATE <b>9/30/98</b>
---------------------------------	---------------------------------	-----------------------	------------------------

A COPY OF THIS TEST SHOULD BE GIVEN TO THE TESTED DRIVER. A SECOND COPY FOR THE STATE ED. DEPT. SHOULD BE SENT TO: EASTERN SUFFOLK BOCES, TRANSPORTATION DEPT., 15 ANDREA ROAD, HOLBROOK, NY 11741. THE ORIGINAL SHOULD BE PLACED IN THE DRIVER'S 19-A FILE.

# EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

**1 EMPLOYEE INFORMATION AND VERIFICATION:** (To be completed and signed by employee.)

Name: (Print or Type) Last <b>Treacy</b>	First <b>William</b>	Middle <b>J.</b>	Birth Name
Address: Street Name and Number [REDACTED]		City <b>Menands, N.Y.</b>	State <b>N.Y.</b>
Date of Birth (Month Day Year) [REDACTED]		ZIP Code <b>12204</b>	
		Social Security Number [REDACTED]	

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A \_\_\_\_\_).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A \_\_\_\_\_ or Admission Number \_\_\_\_\_, expiration of employment authorization, if any \_\_\_\_\_).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature <i>[Handwritten Signature]</i>	Date (Month Day Year) <b>7-31-87</b>
---	---

**PREPARED BY TRANSLATOR CERTIFICATION** (To be completed if prepared by person other than the employee). I attest, under penalty of perjury, that the above was prepared by \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_ and is based on all information of which I have any knowledge.

Signature <i>[Handwritten Signature]</i>	Name (Print or Type) <b>Howard S. Kinnicutt</b>
Address (Street Name) [REDACTED]	City <b>Menands</b>
	State <b>NY</b>
	Zip Code <b>12204</b>

**2 EMPLOYER REVIEW AND VERIFICATION:** (To be completed and signed by employer.)

Instructions:

Examine one document from List A and check the appropriate box, **OR** examine one document from List B **and** one from List C and check the appropriate boxes. Provide the **Document Identification Number** and **Expiration Date** for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with photograph	<input checked="" type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____ <input checked="" type="checkbox"/> 2. U.S. Military Card # [REDACTED] <input type="checkbox"/> 3. Other (Specify document and issuing authority) _____	<input checked="" type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization Specify form # _____
Document Identification # _____	Document Identification # [REDACTED]	Document Identification # _____
Expiration Date (if any) _____	Expiration Date (if any) [REDACTED]	Expiration Date (if any) _____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature <i>[Handwritten Signature]</i>	Name (Print or Type) <b>Howard J. Kinnicutt</b>	Title <b>Pres.</b>
Employer Name <b>Howard J. Kinnicutt</b>	Address [REDACTED]	Date <b>Menands, N.Y. 12204</b>



**ARTICLE 19-A ORAL/Written EXAMINATION RESULTS**



**INSTRUCTIONS TO CERTIFIED EXAMINER**

List the numbers of the questions you selected from SECTION A and SECTION B for this examination and record them in the "REMARKS" section below.

After administering the exam, and using the answer key (Form DS-875Z) "Article 19-A Written Examination Answer Sheet," provided, complete this form and attach it to the driver's completed examination.

<b>TYPE OF TEST</b> <input checked="" type="checkbox"/> Written Test <input type="checkbox"/> Oral Test <input type="checkbox"/> Retest	<b>DATE OF TEST:</b> 9/1/99
--	--------------------------------

**DRIVER INFORMATION**

Last Name Treaay	First William	M.I. J.	Motorist/ Client ID Number [REDACTED]
Employer/ Carrier Kinnicut Bus Inc.	Employer/ Carrier Address [REDACTED]	Menands NY 12004	

**DRIVER TEST RESULTS**

<input checked="" type="checkbox"/> Passed	<input type="checkbox"/> Failed - Driver Disqualified
_____ Employer Signature	
_____ Date	

**REMARKS**

Section A 1-15

" B 1-5

---

---

---

---

---

I certify that I have tested the above driver in compliance with Section 6.12 and/or Section 6.15 of Part 6 of the Commissioner's Regulations.

Certified Examiner's Last Name Kinnicut	First Howard	M.I. J.	Certified Examiner Number 060074
Certification Class B-P	Date Certification Expires 03/25/04	Motorist/Client ID Number [REDACTED]	
Certified Examiner's Signature [Signature]			Date 9/1/99