

**TRANSPORTATION DEPARTMENT APPLICATION**

NAME \_\_\_\_\_  
Last First Middle Social Security Number

Address \_\_\_\_\_  
Street City State Zip Telephone

Date and Place of Birth \_\_\_\_\_  
Month Date Year City State

Driver's License Number \_\_\_\_\_ Endorsements \_\_\_\_\_

In Case of Emergency, Contact: Name \_\_\_\_\_ Telephone \_\_\_\_\_  
.....

Presently Employed \_\_\_\_\_  
Yes No Full Time Part Time

Hours at Work \_\_\_\_\_  
From To Assignment

Place of Employment \_\_\_\_\_  
Firm Name Address

Supervisor's Name Telephone City State Zip

Do you object to your present employer being contacted as a reference? \_\_\_\_\_  
Yes No  
.....

List consecutive A.M. and P.M. hours you could be available to drive.

From To From To From To From To  
.....

If not presently employed please complete this section. Check appropriate place.

Never Employed \_\_\_\_\_ Self Employed \_\_\_\_\_ Previously Employed \_\_\_\_\_  
From To  
.....

If previously or self employed complete this section

Last Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Supervisor's Name \_\_\_\_\_  
To be used as employment reference.

(over)

Length of Driving Experience by Vehicle Including Military

Type Vehicle	Hours	Years	Etc.	Type Vehicle	Hours	Years	Etc.
Bus	_____	_____	_____	Van or Delivery	_____	_____	_____
Truck	_____	_____	_____	Private Auto	_____	_____	_____
Taxi	_____	_____	_____	Farm Vehicle	_____	_____	_____
Limousine	_____	_____	_____	Other	_____	_____	_____

Education: Circle Highest Grade Completed: 6 7 8 9 10 11 12 College 1 2 3 4

Have You Been in Military Service? \_\_\_\_\_ Branch \_\_\_\_\_ How Long \_\_\_\_\_

List Any Driver Instruction Courses You May Have Attended

Course	Where	When	Type
Traffic Safety Education	_____	_____	_____
Truck Driving School	_____	_____	_____
Bus Driver Training	_____	_____	_____
Defensive Driving	_____	_____	_____
Military Training	_____	_____	_____
First Aid	_____	_____	_____
Other (Please explain)	_____	_____	_____

List Two Personal References and One Additional Employment Reference. (Do Not Use Family Relatives as Personal References.)

Personal \_\_\_\_\_

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

Personal \_\_\_\_\_

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

Employment \_\_\_\_\_

Firm Name	Address	Telephone
_____	_____	_____
_____	_____	_____

Supervisor's Name \_\_\_\_\_

You will be asked to furnish proof of your driving record.

How many traffic citations have you received in the last three years? \_\_\_\_\_

Have you ever received a citation for: drunk \_\_\_\_\_, reckless \_\_\_\_\_, negligent \_\_\_\_\_, or hit run driving? \_\_\_\_\_

I have read and understand the qualifications for school bus drivers and have been advised of the certification procedures necessary for employment and continuing employment. I understand that any falsification of information herein is reason for dismissal from employment.

Signature

Date

Time