

APPLICATION FOR BUS DRIVER

ABERDEEN SCHOOL DISTRICT NO. 58

PO Box 610 318 West Washington

Aberdeen, ID 83210

208-397-4113 FAX 208-397-4114

NAME: _____ SocSec#: _____

Present Address: _____ Home Phone: _____

_____ Other Phone: _____

EDUCATION

High School	Diploma or GED	Year Graduated	
College/University	Major/Minor	Degree/# of Credits	Dates Attended

JOB EXPERIENCE(List most recent experience first)

COMPANY	ADDRESS	SUPERVISOR	YEARS FROM-TO	POSITION

PERSONAL CHARACTER REFERENCES

NAME	TITLE	ADDRESS	PHONE	YRS KNOWN

List any other information you feel would aid in the selection of the position for which you are applying:

Are you willing to live in the Aberdeen School District? ____Yes ____No

Is there any reason that you cannot physically or mentally perform the duties for which you are applying? ____Yes ____No

Do you hold a valid Idaho Drivers License? ____Yes ____No Date issued: _____ Have demerit points been assigned against it? ____Yes ____No Have you ever had your drivers license revoked? ____Yes ____No When? _____

Have you ever had a conviction or a withheld judgment on anything other than a traffic citation? ____Yes ____No

Chauffeur's License Number: _____ Date Expires _____

In the event you are employed as a bus driver, will you secure an Idaho Chauffeur's License and a Bus Driver's Health Certificate? ____Yes ____No

I hereby certify that the information herein is a true and complete statement of my personal and professional record to date and authorize a release of information from previous employers, references and law enforcement agencies orally or in writing and release them from any claim for the release of such information. Failure to disclose all information is ground for termination of employment.

Signature of Applicant

Date of Application

Veteran's preference will be given. Please request Veteran's Preference Form from the Aberdeen School District Office.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT CONTINGENT UPON CLEARANCE OF BACKGROUND CHECK

(REV 10/07)