

**SCHOOL BUS DRIVER APPLICATION FOR EMPLOYMENT**

PLEASE PRINT CLEARLY

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SURNAME FIRST NAME SECOND NAME

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ADDRESS APT#

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CITY PROVINCE POSTAL CODE

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PHONE ALTERNATE PHONE

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Are you legally permitted to work in Canada?  YES  NO

Wage expected: \_\_\_\_\_

Date available: \_\_\_\_\_

Would you be able to drive: (circle choices) a.m. p.m. charters

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**EDUCATION**

Please circle the highest grade completed 9 10 11 12 College 1 2 3 4

Other courses or related training: \_\_\_\_\_

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**DRIVING RECORD**

Do you have a valid licence? \_\_\_\_\_ Class of Licence \_\_\_\_\_ Expiry Date \_\_\_\_\_

Do you hold any safe driving awards? \_\_\_\_\_

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**DRIVING EXPERIENCE**

**Type of Equipment** \_\_\_\_\_ **Years of Experience** \_\_\_\_\_

Car \_\_\_\_\_

School Bus \_\_\_\_\_

Highway Coach \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

**WORK HISTORY** (please begin with most recent employer)

<b>From-To</b>	<b>Name &amp; Address of Employer</b>	<b>Last Rate of Pay</b>	<b>Supervisor's Name</b>	<b>Reason for Leaving</b>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Please indicate by number any employer you do not wish for us to contact: \_\_\_\_\_

**PERSONAL REFERENCES** (excluding former employers, employees and relatives)

<b>Name and Occupation</b>	<b>Address</b>	<b>Phone</b>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**ACCIDENT AND DRIVING INFRACTION HISTORY:**

1. Have you been charged and/or convicted of a driving infraction within the last 5 years?  
 YES  NO
2. Have you been involved in an at fault or not at fault accident within the last 5 years?  
 YES  NO
3. When is your medical due date? \_\_\_\_\_
4. Date of your last chest x-ray? \_\_\_\_\_
5. Please attach a photocopy of your current licence.

As a driver applicant, I acknowledge the following conditions of employment must be met and maintained:

A) I must pass a mandatory Ministry of Transportation medical examination.

B) I must obtain and hold a valid class \_\_\_\_\_ licence.

**I hereby certify that the information given on this form is true, correct and complete, to the best of my knowledge and belief. I understand that any false information or consequential omission contained in this application is cause for my immediate discharge. This information may be used to obtain a fidelity bond.**

\_\_\_\_\_  
SIGNATURE

FOR OFFICE USE ONLY

\_\_\_\_\_  
DATED

Date Received	
Date Interviewed	
Date Training	
Started or Hired	