

School Van Driver Application

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

Telephone: _____

Email: _____

Date of Birth: _____

Social Security Number: _____

Current Valid Driver's License Number: _____

State of Issuance: _____

Expiration Date: _____

Class of License _____

Endorsements: _____

Restrictions: _____

Gender: _____

Race: _____

Aliases and/or Maiden Names (First, Middle,

Last): _____

Country of Citizenship: _____

Hair Color: _____

Eye Color: _____

Place of Birth: _____

Height: _____

Weight: _____

Emergency Contact Information (please list two people that we can contact in case of an emergency)

1. Name: _____

Telephone: _____

Relationship to Driver: _____

2. Name: _____

Telephone: _____

Relationship to Driver: _____

Do you smoke or use tobacco?

Yes____ No____

If yes, how often: _____

Have you ever been convicted of a crime?

Yes____ No____

If yes, please explain: _____

(If you check "No" for the above question, and your criminal background check states otherwise, you will owe \$40.25 which is the cost to process your clearances)

Do you have any physical impairment that could interfere with the duties of a school van driver?

Yes____ No____

If yes, please explain: _____

Have you had any type of vehicle accident in the last three years?

Yes____ No____

If yes, please list date and explain: _____

Have you ever been terminated or suspended from previous employment because of a positive drug or alcohol test?

Yes____ No____

Have you been convicted of a moving traffic violation in the last three years?

Yes____ No____

If yes, please list date and explain: _____

Has your driver's license been suspended or revoked during the last three years?

Yes____ No____

If yes, please list date and explain: _____

Has your license ever been revoked, suspended, or denied since the time you obtained your original license?

Yes____ No____

If yes, please list date and explain: _____

Have you held a license in another state during the last three years?

Yes____ No____

If yes, provide which state(s): _____

Previous Employment: Please list your most recent employers in preceding order.

1. Employer: _____

Address: _____

Start Date (Month/Year): _____ End Date (Month/Year): _____

Job Title & Duties: _____

Reason for leaving: _____

2. Employer: _____

Address: _____

Start Date (Month/Year): _____ End Date (Month/Year): _____

Job Title & Duties: _____

Reason for leaving: _____

3. Employer: _____

Address: _____

Start Date (Month/Year): _____ End Date (Month/Year): _____

Job Title & Duties: _____

Reason for leaving: _____

Education and Training (Please circle the highest level of education that you obtained)

High School—did you graduate? Yes____ No____

College/University—did you graduate? Yes____ No____

Business/Trade School—did you graduate? Yes____ No____

Degrees earned: _____

Specific experience or formal trainings that related to transportation of students:

References (Give the names and complete address of 3 references that are familiar with you personality, character, and work ethic. Please do not use relatives as a reference.)

1. Full Name: _____

Occupation: _____

Phone: _____

Relationship: _____

How long have you known this person? _____

2. Full Name: _____

Occupation: _____

Phone: _____

Relationship: _____

How long have you known this person? _____

3. Full Name: _____

Occupation: _____

Phone: _____

Relationship: _____

How long have you known this person? _____

I understand that the information provided by me may be checked and previous employers may be contacted for the purpose of investigating my background. This certifies that this application was completed by me, that all entries on it and information on it is true and complete to the best of my knowledge.

Signature: _____ Date: _____

I authorize the employer to conduct a criminal history check and to investigate all written information contained on this application.

Signature: _____ Date: _____