

New Haven Community Schools
30375 Clark Street, P.O. Box 482000
New Haven, MI 48048-2000
(586) 749-5123

BUS DRIVER APPLICATION

Date: _____

PERSONAL:

Name: _____

Address: _____

City _____ State _____ Zip Code _____
Telephone Number: (Home): _____ (Work): _____

Do you prefer: Full-time employment Part-time employment Either

When can you begin employment? _____

PERSONAL DATA;

Social Security Number: XXX-XX-_____ Drivers License Number: _____

Are you a citizen of the United States? Yes No Are you 18 years or older: Yes No

Have you ever been convicted of a crime? Yes No

If yes, where, and state the disposition of the offense. _____

Have you ever been dismissed or asked to resign from a position? Yes No

If Yes, please explain: _____

Do you have any impairment, physical, mental, or medical,
which might interfere with your ability to do this job? Yes No

EDUCATION AND TRAINING

High School: _____
Name Last Grade Completed Type of Training

Post High School: _____
Name Last Grade Completed Type of Training

Other Schools: _____
Name Last Grade Completed Type of Training

New employees in the district are required to take a physical examination and pass a drug test attesting to their physical ability to do this job. Are you willing to take these tests? Yes No

WORK EXPERIENCE (Limit to the last 10 years):

Name of Employer	Location	Position	Starting Date	Leaving Date	Reason for Leaving
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PERSONAL REFERENCES:

Name – Title	Address	Telephone Number
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REFERENCES:

Please list below the names of people who have supervised your work and can advise us of your previous work experience:

1. Name _____ Address _____

Position _____ Company: _____

Office Phone: _____

2. Name _____ Address _____

Position _____ Company: _____

Office Phone: _____

DRIVING BACKGROUND

A CDL license is required for this position. Do you have one? Yes No

License Number: _____

If yes, which, if any additional endorsements do you have. _____
Describe here your driving record of the last five years. Please include all traffic violations, tickets received, and any accidents you may have had. _____

Have you ever been refused automobile insurance? Yes No

If Yes, Why? _____

Has your drivers license ever been revoked, suspended, or denied? Yes No

If Yes, Why? _____

Have you ever driven a bus or a truck? Yes No

If Yes, under what conditions, or for what organization? _____

I certify that all answers to questions are truthful. I understand that as a condition of employment my driving record will be reviewed. I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

Signature of Applicant _____

_____ Date

All applications expire one year from the original date of application. To reactivate after this time, you should write the Superintendent of Schools and request that the application be extended for one year. This may be done one time.

It is the policy of the New Haven School District not to discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Civil Rights Coordinator, Superintendent of Schools, New Haven Community Schools, Administration Building, 30375 Clark Street, PO Box 482000, New Haven, MI 48048. Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, Superintendent of Schools 586-749-5123.

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