



Bus Driver Application

A. PERSONAL INFORMATION

Full Legal Name: _____
Last First Middle

Address: _____
Street City State Zip

Are you over the age of 18 and eligible to work in the United States? _____

Day Phone: _____ Evening Phone: _____

Other Phone: _____ E-Mail: _____

Date Available for Work: _____

Have you ever been convicted of, pleaded guilty, or no contest to a felony or any act of dishonesty, breach of trust, or moral turpitude? _____ If so, please list below the nature of the offense, date, location, and nature of sentence.

B. RECORDS

List any driving accidents you have had in the past 10 years.

| <i>Date</i> | <i>Type</i> | <i>Vehicle</i> | <i>Injuries</i> | <i>Location</i> | <i>Disposition</i> |
|-------------|-------------|----------------|-----------------|-----------------|--------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

List any driving violations on your record in the past 10 years.

| <i>Date</i> | <i>Type</i> | <i>Vehicle</i> | <i>Injuries</i> | <i>Location</i> | <i>Disposition</i> |
|-------------|-------------|----------------|-----------------|-----------------|--------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Has your license ever been suspended or revoked? _____

Have you ever been convicted of reckless driving, careless driving, or careless operation of a motor vehicle? _____



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Have you ever been convicted of driving under the influence of alcohol, narcotics, drugs, marijuana, amphetamines, or any illegal substance? _____

C. CERTIFICATION

Commercial Driver License:

| <i>CDL Number</i> | <i>Expires</i> | <i>Issuing State</i> | <i>Date of Birth</i> | <i>Endorsements</i> |
|-------------------|----------------|----------------------|----------------------|---------------------|
| _____ | _____ | _____ | _____ | _____ |

Did you attend a CDL School? _____

If yes, when and where? _____

Please list any special courses or training (i.e. defensive driving, skid pad, etc.) that will help in your employment as a driver, include the date and location of the training:

D. EXPERIENCE

Please list your bus driving experience with the most recent first.

| <i>Place</i> | <i>Dates</i> |
|--------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Number of years in a school bus driving position? Public _____ Christian _____

Reason for leaving your most recent position (if applicable):



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Please list any other work or military experiences that may have significance for the bus driving position:

| <i>Place</i> | <i>Type of Work/ Experience</i> | <i>Dates</i> |
|--------------|---------------------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

E. REFERENCES

Give three references that are qualified to speak of your professional training and experience. List a school administrator as one of the references if possible.

| <i>Name</i> | <i>Address</i> | <i>Phone</i> | <i>Position</i> |
|-------------|----------------|--------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

F. INSTRUCTIONS

1) Attach the following to this application:

- Driver's License
- Continuing Education Card
- Medical Card

3) Mail the application and attachments to the address at the top of this page.

G. SIGNATURE

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above, including the contacting of listed references. I also understand that, if offered a position, I will be responsible for providing the school with a criminal background check at my own expense.

Applicant Signature

Date

ZCS Transportation does not discriminate on the basis of sex, race, color, national and ethnic origin in the administration of its policies.

For Office Use Only

Date Received: _____ Attachments: _____