



**Application Form**

Where did you hear about us? \_\_\_\_\_

**Personal:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Position:**

Bus Driver  Substitute Bus Driver

Preferred attendance area: \_\_\_\_\_  
 OR Specific route: \_\_\_\_\_

**Qualifications:**

To operate a school bus, drivers must; possess a Class 5 License with S Endorsement, provide a clear criminal record check, and provide an acceptable driver's abstract.

Do you currently possess an S Endorsement? Yes / No

If yes, were you tested on a standard transmission? Yes / No

Do you have any physical disabilities which will affect your ability to perform the functions of this job? (specify)

\_\_\_\_\_

**Education:**

Highest level/grade completed: \_\_\_\_\_ Year: \_\_\_\_\_

Name of Institute: \_\_\_\_\_

Other courses/training (first aid, WHMIS, defensive driving, etc): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employment History (last three employers):**

Company Name: \_\_\_\_\_ From – To: \_\_\_\_\_ –  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Supervisor’s Name: \_\_\_\_\_ May we contact? Yes / No

Company Name: \_\_\_\_\_ From – To: \_\_\_\_\_ –  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Supervisor’s Name: \_\_\_\_\_ May we contact? Yes / No

Company Name: \_\_\_\_\_ From – To: \_\_\_\_\_ –  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Supervisor’s Name: \_\_\_\_\_ May we contact? Yes / No

**References:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

I certify that the information given by me on this application is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_