



North East School Division

Box 6000, 402 Main St.
Melfort, SK S0E 1A0

Phone: (306) 752-5741
Fax: (306) 752-1933

Toll Free: 1-888-752-5741
Website: www.nesd.ca

Bus Driver Application Process

Applicants are required to provide a complete Bus Driver application package which includes:

- a) NESD Bus Driver Application Form – indicating the attendance area where you would like to drive;
- b) original Driver's Abstract;
- c) copies of any applicable certificates, diplomas or certifications; and
- d) original criminal record check & vulnerable sector check completed within the last six months. (*Please clearly indicate if you would like the original copy of your criminal record check returned to you.*)

The complete application package can be sent to:

Employee Services - NESD
Box 6000, 402 Main Street
Melfort, Saskatchewan S0E 1A0
Email: careers@nesd.ca Fax: (306) 752 - 4533

Only those selected for an interview will be contacted.



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Bus Driver Application Form

Where did you hear about us? _____

Personal:

Name: _____

Address: _____

Home Phone: _____

Cell: _____

Email: _____

Position:

Full-time Bus Driver

Casual Bus Driver

Preferred attendance area: _____

OR Specific route: _____

Qualifications:

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

Do you currently hold a valid Saskatchewan Driver's License? Yes / No

Do you currently possess an S Endorsement? Yes / No

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

Do you have a disability which will affect your ability to perform any of the functions of this job? Yes / No

If yes, what functions can you not perform (to assist us in determining what accommodation can be made)?

Education:

Highest level/grade completed: _____

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

Duties & responsibilities: _____

Company Name: _____ From – To: _____ –

Address: _____

Phone No. _____

Supervisor's Name: _____ May we contact? Yes / No

Duties & responsibilities: _____

Company Name: _____ From – To: _____ –

Address: _____

Phone No. _____

Supervisor's Name: _____ May we contact? Yes / No

Duties & responsibilities: _____

Experience:

What experience do you have handling children (other than your own), such as teaching, coaching/managing sports teams, 4 H work, etc.?

List in detail: _____

References:

Please provide the names of individuals familiar with you in a work setting, particularly those who have supervised you.

Name & Position	Relationship	Phone Number (s)

May we contact your references? Yes / No

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

Signature: _____ Date: _____