

CHIPPEWA LOCAL SCHOOLS
AN EQUAL OPPORTUNITY EMPLOYER
56 NORTH PORTAGE STREET
DOYLESTOWN, OH 44230-1398

OFFICE USE ONLY

DATE OUT _____

DATE IN _____

REVIEWED BY _____

>>>APPLICATION FOR EMPLOYMENT<<<
BUS DRIVER

NAME: _____ PHONE: (____) _____
Last First Middle Name

D.O.B.: _____ SOCIAL SECURITY NUMBER: _____
(Verified by: _____)

CURRENT ADDRESS: _____
Street City State/Zip # Years

PREVIOUS ADDRESS: _____
Street City State/Zip # Years

<u>TRAINING</u>	<u>SCHOOL</u>	<u>COURSE</u>	<u>DIPLOMA</u>
			Yes No

Name of High School	Street Address	City/State/Zip
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Name of College	Street Address	City/State/Zip
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Describe specialized training, skills, and extra-curricular activities:

Number of years experience driving car: _____ Truck _____ Bus _____

Type of license now held: Operator's _____ Chauffeur _____ Bus _____

Copy of Driver's License Must be attached

MILITARY SERVICE RECORD:

Induction Date	Discharge Date	Branch of Service	Type of Discharge
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Attach Copy of DD214

GIVE NAME, CURRENT ADDRESS, AND TELEPHONE NUMBER OF THREE REFERENCES NOT RELATED TO YOU:

Name	Street Address	City	State/Zip	Telephone
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Name	Street Address	City	State/Zip	Telephone
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Name	Street Address	City	State/Zip	Telephone
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EMPLOYMENT EXPERIENCE

Employer _____
Street Address _____ City _____ State/Zip _____
Job Title _____ Work performed in detail _____

Dates Employed: From _____ To _____ Telephone (____) _____

Supervisor's Name _____

Employer _____
Street Address _____ City _____ State/Zip _____
Job Title _____ Work performed in detail _____

Dates Employed: From _____ To _____ Telephone (____) _____

Supervisor's Name _____

Employer _____
Street Address _____ City _____ State/Zip _____
Job Title _____ Work performed in detail _____

Dates Employed: From _____ To _____ Telephone (____) _____

Supervisor's Name _____

Summarize qualifications acquired from employment or other experience: _____

Have you ever been involved in a traffic accident? NO ___ YES ___ DATE _____
City/State _____

Have you ever been cited/arrested for traffic violations? NO ___ YES ___ DATE _____
City/State _____

Has your driver's license ever been revoked? NO ___ YES ___ DATE _____
City/State _____

Have you ever been convicted of a felony? NO ___ YES ___ DATE _____
City/State _____

If your answer is YES to any of the above four questions, write complete explanation and all details:

I UNDERSTAND THAT A CRIMINAL BACKGROUND CHECK WILL BE CONDUCTED. I affirm that information supplied in this application is true.

Signature

Date

This application will be kept on file for two years.