

BUS DRIVER APPLICATION

WYNFORD BOARD OF EDUCATION

3288 Holmes Center Road
 Bucyrus, Ohio 44820-9463
 419-562-7828

NAME _____ **DATE** _____

ADDRESS _____

CITY _____ **TELEPHONE** _____

STATE _____ **ZIP** _____ **DRIVERS LICENSE #** _____

QUALIFICATIONS, TRAINING, OR EXPERIENCE (including CDL/endorsements)

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish. _____

Have you ever been convicted of an offense other than a minor traffic violation? _____

If yes, indicate date of conviction, nature of charge, and sentence received. _____

Have you ever had operator's license or CDL revoked?

If yes, please explain _____

Every applicant for employment as a driver of a commercial motor vehicle is required to **provide the applicant's employment history for the ten years preceding the date the employment application is submitted to the prospective employer.** (NOTE: List employers in reverse order starting with the most recent.) **Attach additional sheets if necessary.**

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE #	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			PHONE #	
			REASON FOR LEAVING	

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CONTACT PERSON			PHONE #	
			REASON FOR LEAVING	

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

TO BE READ AND SIGNED BY APPLICANT

I certify that the statements in this application are true, complete, and not misleading to the best of my knowledge and I authorize investigation of all statements contained herein. I hereby release from all liability any persons or organizations furnishing such information and I understand that I will be subject to disqualification or dismissal if any statement in this application is found to be untrue.

In the event of employment (*contingent upon favorable BCII and FBI background checks*), I understand that I am required to abide by all rules and regulations of the Wynford Local Schools.

Date

Applicant's Signature