CARROLL COUNTY BOARD OF EDUCATION
P.O. Box 799
Huntingdon, TN 38344

SCHOOL BUS DRIVER APPLICATION

Applicant Name _____ Phone No._____

Present Address _____

Date of Birth _____ Social Security Number _____

Addresses at which applicant has resided during the past three (3) years: _____

_____

_____

Current Driver's License Number _____

State of Issue _____ Expiration Date _____

Class of License _____ Endorsements _____

Do you have any physical impairments that could interfere with the duties of a school bus driver? (see physical form.) _____

_____

Have you had any type of vehicle accident in the last three (3) years?
_____Yes _____No If YES, give dates and explain: _____

_____

Have you ever been terminated or suspended from previous employment because of a positive drug or alcohol test?
____ Yes ____ No

Have you been convicted of a moving traffic violation in the last three (3) years?
_____Yes _____No If YES, give dates and explain: _____

_____

Has your license ever been revoked, suspended or denied since the time you obtained your original license? _____Yes _____No If YES, give dates and explain: _____

_____

Have you held a license in another state during the last three (3) years? ___Yes ___No
Which state(s)_____

Have you ever been arrested or convicted of a misdemeanor or felony?
_____Yes _____No If YES, give dates and explain: _____

Do you use intoxicants? ____Yes ____No If YES, explain: _____

_____

Are you taking any kind of drugs? _____Yes _____No If YES, explain: _____

_____

List the names and addresses of your current and previous employers during the ten (10) years preceding the date of this application:

Employer _____

Address _____

Dates _____

Reason for Leaving _____

_____

Job Title & Duties _____

_____

Employer _____

Address _____

Dates _____

Reason for Leaving _____

_____

Job Title & Duties _____

_____

Additional employers may be listed on a separate sheet.

Education and Training (circle the highest obtained)
8 9 10 11 12 GED 13 14 15 16 16 17 18 19+

Degrees earned: _____

_____

Specific experience of formal training related to transportation of pupils: _____

_____

I understand that the information provided by me, may be checked and previous employers may be contacted for the purpose of investigating my background. This certifies that this application was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge.

_____ _____
(Date) (Signature)

I authorize the employer to conduct a criminal history check, and to investigate all written information contained on this application.

_____ _____
(Date) (Signature)

Two Personal Non-Family Related References:

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____