

**GAYLORD COMMUNITY SCHOOLS
BUS DRIVER APPLICATION FOR EMPLOYMENT**

615 S. Elm Street, Gaylord, MI 49735

Telephone: (989)705-3080

Job Hotline: (989)705-3099

Fax: (989)732-6029

www.gaylordschools.com

Name: _____ Telephone Number: _____

Address: _____ City _____ Zip _____

US Citizen? YES NO Relatives employed by this district: _____
Name Relationship

Person to be notified in case of emergency: _____
Name Address Telephone Number

Have you ever been convicted of a crime? _____ Are there any felony charges pending against you? _____

EDUCATION: Indicate last year completed _____

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver Licenses	State	License Number	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

B. Has any license, permit or privilege ever been suspended or revoked? _____

If the answer to A or B is YES, attach a statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROXIMATE NUMBER OF MILES
		From	To	
Straight Truck				
Tractor Trailer				
Tractor Trailer – Multiple				
School Bus				
Other				

States operated in for last five years: _____

Please list any community/civic activities in which you are currently involved:

Are you currently employed? _____ If so, may we contact your employer? _____

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? YES NO

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT

Name/Address of Employer	FROM Month/Year	TO Month/Year	POSITION Describe the work you did	Reason for leaving	Name of Supervisor
Telephone:					

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Telephone:					

Name/Address of Employer	FROM Month/Year	TO Month/Year	POSITION Describe the work you did	Reason for leaving	Name of Supervisor
Telephone:					

EDUCATIONAL/EMPLOYMENT REFERENCES

Name & Occupation	Address	Phone Number

PERSONAL REFERENCES (Not former employers or relatives)

Name & Occupation	Address	Phone Number

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. DATE: _____ SIGNATURE: _____

It is the policy of Gaylord Community Schools that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, marital status or any other legally protected characteristic be excluded from participation in, be denied the benefits of, or be subjected to, discrimination during any program, activity, service or in employment.