



# SCHOOL BUS DRIVER APPLICATION

## PERSONAL HISTORY

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Address City, State ZIP

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Are you a U.S. citizen?  Yes  No If no, do you have a resident visa?  Yes  No  
Month Day Year

Driver's License Number \_\_\_\_\_ License Class \_\_\_\_\_ License State \_\_\_\_\_ If not CDL certified, are you willing to attend a bus driver's training course?  Yes  No

Have you ever pled guilty or been convicted of any offense relating to the possession or distribution of illegal drugs?  Yes  No If yes, please tell date of plea or conviction, county and state of plea or conviction and disposition of plea or conviction. \_\_\_\_\_

Have you been convicted of a felony or misdemeanor other than minor traffic offenses?  Yes  No If yes, explanation. \_\_\_\_\_

Have you ever been employed with the Macon County School System?  Yes  No Year(s) \_\_\_\_\_

## PLEASE CHECK EDUCATIONAL LEVEL COMPLETED

Elementary School  Middle School  GED  High School  Occupational/Vocational/College Degree  List the Degree \_\_\_\_\_

## OCCUPATIONAL EXPERIENCES (LAST 3)

Employer	Position	Location	Date(s) of employment

## REFERENCES (DO NOT LIST RELATIVES)

Name	Complete Address	Phone Number	Present Official Position

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_