



**BUS DRIVER APPLICATION**

**BARRY WALLER, SUPERINTENDENT**

117 EAST WESLEY AVENUE, LYONS, GA 30436

Telephone:912-526-3141 Fax:912-526-3291

DATE: \_\_\_\_\_

\_\_\_\_\_  
LAST NAME FIRST MIDDLE MAIDEN

PRESENT ADDRESS: \_\_\_\_\_  
STREET OR P.O. BOX

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
TELEPHONE #

NAMES AS IT APPEARS ON SOCIAL SECURITY CARD: \_\_\_\_\_

SS#: \_\_\_\_\_

YEARS OF DRIVING EXPERIENCE (SPECIFY): Car \_\_\_\_\_ Bus \_\_\_\_\_ Truck \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ CLASS \_\_\_\_\_ EXP \_\_\_\_\_

HAVE YOU BEEN INVOLVED AS A DRIVER IN TRAFFIC ACCIDENTS IN THE LAST THREE YEARS? YES \_\_\_ NO \_\_\_

IF YES, DATE \_\_\_\_\_ NATURE OF THE ACCIDENT \_\_\_\_\_

FATALITIES \_\_\_\_\_ INJURIES \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF ANY TRAFFIC VIOLATIONS? YES \_\_\_ NO \_\_\_

IF YES, LOCATION (CITY & STATE) \_\_\_\_\_ CHARGE \_\_\_\_\_ PENALTY \_\_\_\_\_

DATE \_\_\_\_\_

HAS YOUR LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES \_\_\_ NO \_\_\_ (If so, explain with an attachment)

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_ NO \_\_\_

Explain \_\_\_\_\_

SAFE DRIVING AWARD YOU HOLD AND FROM WHOM? \_\_\_\_\_

ARE YOU WILLING TO ATTEND A BUS DRIVER TRAINING COURSE? YES \_\_\_ NO \_\_\_

**PAST EMPLOYMENT:** (Start present position) May we contact them? YES \_\_\_ NO \_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**REFERENCE:** (PERSONS NOT RELATED TO YOU BUT WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING)

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

*I understand that any false answer or statement or implication made by me on this application shall be considered sufficient cause for denial of employment. This certifies that this application was completed by me (or under my direction), and that all entries and information are true and complete to the best of my knowledge.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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