

APPLICATION FOR POSITION AS BUS DRIVER
POTLATCH SCHOOL DISTRICT #285

DATE _____

NAME _____ AGE _____

ADDRESS _____ CITY _____

PHONE NUMBER _____ DATE OF BIRTH _____

DRIVER'S LICENSE # _____ S.S.# _____

DRIVER'S LICENSE EXPIRATION DATE _____

WHERE EMPLOYED _____

OCCUPATION _____

EXPERIENCE AS A DRIVER OF A:

_____ Pleasure type car _____ years

_____ Truck _____ years

_____ Bus _____ years

Do you hold a valid Idaho Driver's License? _____ Date Issued _____

Have demerit points been assigned against it? _____

Have you ever had your driver's license revoked? _____ When? _____

In the event you are employed as a bus driver will you secure an CDL License and have a D.O.T. Physical? _____

Have you ever been convicted of a felony or of a misdemeanor including moving traffic offenses? _____

If so, explain fully _____

Signature of Applicant

Date eligible to drive on route _____

Drug Test _____
Physical _____
Fingerprint _____
Driver Record _____
CDL _____