



**GULF SHORES CITY SCHOOLS  
APPLICATION  
SCHOOL BUS DRIVER or SUBSTITUTE BUS DRIVER**

BUS DRIVER \_\_\_\_\_ SUBSTITUTE BUS DRIVER \_\_\_\_\_

**Candidates transferring from other districts please send letter of interest to [makin@gsboe.org](mailto:makin@gsboe.org)**

*Please type or print*

**PERSONAL DATA**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Present Address \_\_\_\_\_ Phone # \_\_\_\_\_  
(Number) (Street) (City) (Zip)

Have you applied for a position with the Gulf Shores City School District previously? Yes \_\_\_\_\_ No \_\_\_\_\_

What position? \_\_\_\_\_

Please describe any function or task in the position you seek which you would be **unable** to perform.

\_\_\_\_\_  
\_\_\_\_\_

**Upon an offer of employment, the candidates for any position, full-time or part-time, will be tested for drugs and/or controlled substances and have a background check as a condition of employment.**

List any driving restrictions \_\_\_\_\_  
\_\_\_\_\_

Years of Driving Experience: Auto \_\_\_\_\_ School Bus \_\_\_\_\_ Other \_\_\_\_\_

CDL Expiration Date: \_\_\_\_\_ Proof of TB (neg) \_\_\_\_\_ DOT Physical \_\_\_\_\_

**EMPLOYMENT HISTORY**

Current Employer From \_\_\_\_\_ to \_\_\_\_\_  
Mo./Yr. Mo./Yr. Employer Rate of Pay

Supervisor: \_\_\_\_\_  
Full Name Title Phone #

Reason for leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY** (con't)

From \_\_\_\_\_ to \_\_\_\_\_  
Mo./Yr. Mo./Yr. Employer Rate of Pay

Supervisor: \_\_\_\_\_  
Full Name Title Phone #

Reason for leaving: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Mo./Yr. Mo./Yr. Employer Rate of Pay

Supervisor: \_\_\_\_\_  
Full Name Title Phone #

Reason for leaving: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Mo./Yr. Mo./Yr. Employer Rate of Pay

Supervisor: \_\_\_\_\_  
Full Name Title Phone #

Reason for leaving: \_\_\_\_\_

**REFERENCES:** Give names of three (3) persons not related to you, whom you have known at least one year.

| Name | Relationship | Years Acquainted | Telephone |
|------|--------------|------------------|-----------|
|      |              |                  |           |
|      |              |                  |           |
|      |              |                  |           |

The Gulf Shores City School System does not discriminate on the basis of sex, race, religion, national origin, ancestry, creed, marital or parental status, sexual orientation, political affiliation, age, color, handicap, arrest or conviction record and is an Equal Opportunity Employer.

**Your signature affirms the information on this application is true to the best of your knowledge.**

I agree any false statements or omissions may lead to rejection of this application and/or dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Completed applications should be mailed to:**

Gulf Shores Board of Education  
P. O. Box 3908  
Gulf Shores, Alabama 36547  
Attn: Transportation Supervisor