

**CHARLES COUNTY PUBLIC SCHOOLS
P.O. BOX 2770
LA PLATA, MARYLAND 20646**

**TRANSPORTATION OFFICE
SCHOOL BUS DRIVER APPLICATION**

Ref. Received _____
C & D Received _____
Finger Printed _____
MSDE Database _____

A. PERSONAL INFORMATION

DATE _____ SOCIAL SECURITY # _____
TELEPHONE # _____ DATE OF BIRTH _____

Name: _____
(First) (Middle) (Last)

Address: _____
(Address)

(City) (State) (Zip Code)

Do you go by any other name, other than your given name? _____

Do you have any difficulty with reading or writing? _____

Are you presently employed? Yes _____ No _____ If yes, where? _____

B. DRIVING INFORMATION

Driver's License No. _____ Class _____ State _____

Number of years you have possessed a Valid Driver's License: _____

Have you ever held a Commercial Driver's License in another state? _____

Have you ever applied for a school bus driving position in this county before? _____

Have you had school bus driver's training? Yes _____ No _____

If so, where, and were you certified? _____

Reason for leaving? _____

Number of years driving a school bus: Years _____ Months _____

Have you been charged with a violation of the Motor Vehicle Code in the last ten years **in any state?**

Yes ___ No ___

If yes, please list offense(s) and date(s): _____

C. CRIMINAL INFORMATION

Have you, in your lifetime, ever been charged with a drug, alcohol or child abuse offense? Yes__ No __

Have you ever been charged with any other criminal offense(s)? Yes_____ No _____

If yes to any of the above, please list date(s) and offense(s):

D. MEDICAL INFORMATION

Do you have any physical disabilities? Yes ____ No _____

If yes, please list: _____

Do you have a history of Heart Trouble? Yes _____ No _____

Do you have Diabetes controlled by insulin? Yes _____ No _____

Do you have any functional disease such as Tuberculosis, Epilepsy, Abnormal Blood Pressure, etc.?

Yes ____ No ____ If yes, please specify: _____

Are you on any medication prescribed by a physician? Yes _____ No _____

If yes, please list: _____

YOUR ACCEPTANCE AS A CERTIFIED SCHOOL BUS DRIVER FOR CHARLES COUNTY PUBLIC SCHOOLS IS PENDING VERIFICATION OF THE ABOVE INFORMATION.

Specific contractor you have committed yourself to _____

Please give contractor's full name

Signature _____ Date _____

Nondiscrimination Statement

The Charles County public school system does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age or disability in its programs, activities or employment practices. For inquiries, please contact Kathy Kiessling, Title IX/ADA/Section 504 Coordinator (students) or Nikial M. Majors, Title IX/ADA/Section 504 coordinator (employees/ adults), at Charles County Public Schools, Jesse L. Starkey Administration Building, P.O. Box 2770, La Plata, MD 20646; 301-932-6610/301-870-3814. For special accommodations call 301-934-7230 or TDD 1-800-735-2258 two weeks prior to the event.