

# Potlatch School District #285

## Bus Driver Application Form

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
(Email address is required)

Mailing Address: \_\_\_\_\_

Physical Address (if different than mailing address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License Expiration Date: \_\_\_\_\_

Do you hold a valid Idaho Driver's License? \_\_\_\_\_ Date Issued: \_\_\_\_\_

Have demerit points been assigned to 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: \_\_\_\_\_

### I HAVE EXPERIENCE AS A DRIVER OF THE FOLLOWING:

**Type:**

- \_\_\_ Pleasure Type Car
- \_\_\_ Truck
- \_\_\_ Bus

**Years of Experience:**

- \_\_\_ Years
- \_\_\_ Years
- \_\_\_ Years

### EDUCATION:

Name of School/ University	Years Attended	Degree/ Certificate Obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT HISTORY:**

Employer	Telephone Number	Position Held	Years Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REFERENCES:**

List at least three (3) references who are knowledgeable about your ability to effectively deal with children grades K-12:

Name	Relationship	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, do hereby authorize School Districts, Institutions of Higher Learning and individuals either employed by the same or otherwise, with knowledge of my professional and personal qualifications to furnish Potlatch School District No. 285 any and all information regarding me in order that authorities of said District may determine my suitability for the position for which I have applied.

I authorize authorities of Potlatch School District No. 285 to make inquiry of my present and past employers and/ or professional associations regarding my character, integrity and reputation. Exceptions, if any, are:

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*Idaho code 33-130 requires a Background check be completed for all employees.

**\*This application must include a set of fingerprints and a check for \$28.25 made out to The State Department of Education to cover the cost of a background check.**

Fingerprint Packets are available at the Potlatch School District Office, 635 Pine Street, Potlatch, ID 83855. ***Please contact (208) 875-0327 with questions or contact the Bus Garage at (208) 875-0420.***

**FOR INTERNAL USE ONLY:**

- Drug Test
- Physical
- Fingerprint
- Driver Record
- CDL

**DATE ELIGIBLE TO DRIVE ON ROUTE:** \_\_\_\_\_