

INDEPENDENT SCHOOL DISTRICT #831
BUS DRIVER EMPLOYMENT APPLICATION

RETURN TO:
ISD #831 Transportation Department
6100 North 210th Street
Forest Lake, MN 55025

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the School Board of School District 831 to comply with Federal and State Law (and all requirements imposed by or pursuant to regulations issued in support of such laws) prohibiting discrimination against any person on the grounds of race, color, national origin, creed, religion, sex, sexual orientation, marital status, status with regard to public assistance, age or disability.

RIGHTS OF APPLICANT SUPPLYING DATA

1. The requested data will be used in selection of applicants for professional positions.
2. Applicants are not legally required to supply the requested data and may refuse to do so.
3. Failure to supply any or all of the requested data will diminish the applicant's chances of being hired.
4. No other persons or entities will receive this information unless authorized by State and Federal Law.

DATE OF APPLICATION _____

NAME _____
(Last) (First) (Middle)

PRESENT ADDRESS _____
(Number) (Street) (City) (State) (Zip)

HOME PHONE _____

DRIVERS LICENSE # _____ STATE _____ CLASS _____

Have you ever been convicted of a crime (misdemeanor or felony)? Yes ____ No ____ If yes, explain _____

Criminal history will not be an automatic bar from employment.

LIST ACCIDENTS IN WHICH YOU WERE INVOLVED DURING LAST 5 YEARS

Date	Description of Accident	Location	Who Was At Fault

TRAFFIC VIOLATIONS DURING LAST 5 YEARS

Date	Type of Violations	Location	Penalty

Has your license endorsement or driving privilege ever been suspended or revoked? Yes ____ No ____

If yes, explain _____

(continued on back)

EDUCATION (High School, College/University, Other)

Name and Location

Graduated
Yes No

Type of Degree/Course of Study

MILITARY SERVICE

Branch of Service

Rate/Rank

Job Duties

Type of Discharge

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REFERENCES (Other than employers or relations)

Name

Address

Occupation

Telephone

WORK EXPERIENCE (Current Employer or Most Recent First)

Name of
Company

Address

Supervisor

Your Position

Reason for Leaving

Dates of
Employment
From - To

May we contact the employers and/or references listed above? Yes _____ No _____

If no, explain _____

Current Hourly Rate of Pay \$ _____ Date available for employment _____

Time Available for employment AM _____ Noon _____ PM _____

The answers to the questions and information provided by me in this application are true.

The School District may investigate my background, and I authorize all persons and organizations, including schools and law enforcement agencies to furnish the School District any information concerning me which may be relevant to my employment by the School District and release any person or organization furnishing such information from liability for providing same.

Submission of false information on this application may result in immediate termination of my employment by the School District if I am employed by the School District or disqualify me from eligibility for employment.

Signature of Applicant _____

Date _____

Date of Ride Along _____ (To be filled out by Supervisor)