

**BLOUNT COUNTY SCHOOLS  
SCHOOL BUS DRIVER APPLICATION**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone No. \_\_\_\_\_  
(As on social security card)

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Driver's license # \_\_\_\_\_ Social Security # \_\_\_\_\_ Community where you live \_\_\_\_\_

School/s applying for \_\_\_\_\_ Years driving experience \_\_\_\_\_ Do you have any experience driving a truck or bus? \_\_\_\_\_ If yes, how many years? \_\_\_\_\_ Has your license ever been suspended or revoked? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you ever received citations for any traffic violations? \_\_\_\_\_ If yes, explain and give dates \_\_\_\_\_

Have you ever attended an Alabama school bus driver training workshop? \_\_\_\_\_ If yes, did you pass the performance test? \_\_\_\_\_ If yes, give dates \_\_\_\_\_ Do you smoke? \_\_\_\_\_ Why would you like to drive a school bus? \_\_\_\_\_

Education \_\_\_\_\_  
College/high school \_\_\_\_\_ Degree or highest grade completed \_\_\_\_\_ Year \_\_\_\_\_

Former Employers (list in order present or last employer first):

Dates	Name & Address	Supervisor	Reason for leaving
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Physical Condition: Eyes \_\_\_\_\_ Hearing \_\_\_\_\_ Do you have any history of epilepsy? \_\_\_\_\_ Dizziness? \_\_\_\_\_ Fainting? \_\_\_\_\_

Are you presently taking any medication? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Physician \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Do you have any physical limitations which could prevent you from performing this job safely? \_\_\_\_\_ If yes, explain \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Please list three references (no relatives):

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby certify that the answers given by me are true and correct and without reservations of any kind whatsoever and that no attempt has been made by me to conceal pertinent information. If employed I do agree to abide by the policies, rules and regulations of the Blount County Board of Education and to cooperate with school officials and other employees of the system.

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

The Blount County Board of Education is an equal opportunity employer.

A copy of your social security card must accompany this application.