

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: _____ Date of Birth: _____

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

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 of the grade levels you have circled above:

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:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Drug Test | <input type="checkbox"/> Driver Record |
| <input type="checkbox"/> Physical | <input type="checkbox"/> CDL |
| <input type="checkbox"/> Fingerprint | |

DATE ELIGIBLE TO DRIVE ON ROUTE: _____