



**Wolfe County Schools**  
**85 Main Street/PO Box 160**  
Campton, KY 41301  
Phone (606) 668-8002  
Fax (606) 668-8050

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School Bus Driver Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Years at current address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Years at previous address: \_\_\_\_\_

\_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Diploma: \_\_\_\_\_ GED: \_\_\_\_\_

Current Driver's License: \_\_\_\_\_ Operator's: \_\_\_\_\_ CDL: \_\_\_\_\_

License #: \_\_\_\_\_ Endorsements: \_\_\_\_\_ State: \_\_\_\_\_

Have you had any type of vehicle accident in the last three (3) years? \_\_\_\_\_

If yes, give approximate date: \_\_\_\_\_ Citation issued: \_\_\_\_\_

Have you been arrested for a moving traffic violation in the last three (3) years? \_\_\_\_\_

If yes, give approximate dates: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? \_\_\_\_\_

If yes, give approximate date: \_\_\_\_\_

If yes, give cause: \_\_\_\_\_

*TO THE BEST OF MY KNOWLEDGE, THE ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.*

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Date

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Signature of Applicant

APPLICANT MUST ALSO COMPLETE A CLASSIFIED APPLICATION