

**Kosciusko School District  
229 West Washington Street**

**Kosciusko, MS 39090**

**Phone: 662-289-4771 Fax: 662-289-1177**

**Application for Substitute Bus Driver**

Date of Application: \_\_\_\_\_

**Name:** \_\_\_\_\_

**Social Security**    \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Current Address**

\_\_\_\_\_

**Phone Number** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Email Address** \_\_\_\_\_

**Check Education Level:**

High School Diploma \_\_\_\_    Some College \_\_\_\_    Associate's Degree \_\_\_\_

Bachelor's Degree \_\_\_\_    Graduate School \_\_\_\_    Master's Degree & above \_\_\_\_

Kosciusko School District Does Not Discriminate on the Basis of Age,  
Gender, Race, Religion, Disability, or National Origin

## Educational Preparation

School/College Name & Address	Major Field	Minor Field	Degree Received	Total Hours

Do you hold a valid CDL with P and S endorsements? Yes\_\_\_\_ No\_\_\_\_

If so, please provide DL #\_\_\_\_\_ Exp date\_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_ No \_\_\_\_

If so, when ? \_\_\_\_\_

Have you ever been convicted of a crime? Yes\_\_\_\_ No\_\_\_\_

If so, when? \_\_\_\_\_

Are you currently receiving benefits for the Public Employees Retirement System

Yes \_\_\_\_ NO \_\_\_\_ If yes, which agency? \_\_\_\_\_

**Work Experience (List in Chronological order)**

<b>Name of Employer</b>	<b>City/State</b>	<b>Type of Work</b>	<b>Period of Service</b> <b>M/Year-M/Year</b>	<b>Reason for Leaving Position</b>

Have you ever failed to be reemployed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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**References:**

List the name, address of (3) individuals as your references.

Include supervisors under whom you have worked. Please do not list relatives as references.

Name / Address	Employer	Phone Number(s)

**Read carefully and sign the following statement:**

By my signature I attest that the information contained in the application is true and represents me accurately. If employed as a substitute only (**works on as needs basis**), I agree to abide by all the policies approved by the Board Of Education and will cooperate fully. I understand that this application can remain in the active file for a period of one year and then will be classified as inactive and discarded unless I notify the personnel office in email/writing to keep the application current.

I give my permission for the Kosciusko School District to conduct a background screening with law enforcement, the Child Abuse Central Registry, previous employers and any other persons to determine my suitability in working with children. I understand this permission is a part of the application for a **substitute position (works as needed)** with the Kosciusko School District. **I understand I will be hired as a substitute only and will not receive benefits.** A processing fee of \$40.00 is due at the time of the fingerprint. I further understand this information will only be used in regard to the above application.

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**Signature**

**Date**