

**APPLICATION FOR SCHOOL BUS DRIVER
SALISBURY SCHOOL DISTRICT R-IV
1000 S. MAPLE AVENUE, P.O. BOX 314, SALISBURY, MO 65281**

DATE: _____

NAME _____ BIRTH DATE: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE _____ SOCIAL SECURITY # _____
(HOME) (WORK)

DRIVER'S LICENSE # _____ CHAUFFEUR'S LICENSE # _____

Do you have any physical impairments that could interfere with the duties of a school bus operator?

Yes ___ No ___ If yes, explain: _____

Have you had any type of vehicle accident in the last three years?

Yes ___ No ___ If yes, give dates and explain: _____

Have you been convicted for a moving traffic violation in the last three years?

Yes ___ No ___ If yes, give dates and explain: _____

Has your driver's license been suspended or revoked during the last three years?

Yes ___ No ___

REFERENCES (OTHER THAN RELATIVES):

| <u>NAME</u> | <u>ADDRESS</u> | <u>TELEPHONE NUMBER</u> |
|-------------|----------------|-------------------------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |

To the best of my knowledge, the above answers are true and correct.

(SIGNATURE)