

APPLICATION



Bus Driver

Guntersville City Schools
P.O. Box 129
Guntersville, Alabama
Phone (256) 582-3159 Fax (256) 582-6158
www.guntersvilleboe.com

Name _____ Date _____

Present Address _____ Zip Code _____

Driver's License # _____ Social Security Number _____

Telephone Number _____ Birthplace _____

School Grade Completed _____

List all known physical defects _____

Are you under a doctor's care now? _____ List reason _____

Doctor's name _____

Date of last physical exam _____ Are you willing to take a physical examination? _____

Number of years driving experience _____ Type of Vehicle _____

Do you hold a bus driver's license? _____ Have you ever driven a school bus? _____ # of Years _____

If so, name of County/City _____

Will you be able to drive the entire year? _____ Will you attend bus driver's school? _____

Have you ever had an accident? _____ if yes, explain: _____

Have you ever received a ticket for a traffic violation? _____ List each ticket separately _____

Do you agree to abide by all safety rules, regulations, and instructions, as well as attend all safety meetings? _____

Signature of Driver Applicant

It is the policy of the Guntersville City School System that no person shall be denied employment, be excluded from participation in, be denied the benefits of, or subjected to discrimination in any program or activity on the basis of sex, race, religion, handicap, belief, national origin, age, or ethnic group.

(Applicants do not write in the space below)

Approved by: _____

Personal References

Name	Address	Telephone No.

Additional Remarks:
