

Kimberly School District #414

School Bus Driver Application Insert

Name: _____

Address: _____

E-mail address: _____

Phone Number: _____ **Cell Phone:** _____

 Do you have any physical impairment(s) that could interfere with the duties of a school bus driver?
 Yes___ No___ If yes, give dates and please explain: _____

Current driver's license: Operators___ CDL___ Class___ Endorsements___
 *Passenger___
 *S-endorsement___
 *Air Brake___

License Number _____ State _____

Have you been convicted for any moving traffic violation in the last three years? Yes___ No___
 If yes, give dates and explain: _____

Have you ever been convicted for driving under the influence of alcohol or drugs, reckless driving or any violation resulting in death of anyone? Yes___ No___
 If yes, give dates and explain: _____

Has your driver's license been suspended or revoked? Yes___ No___
 If yes, give dates and explain: _____

Have you ever driven professionally using your current CDL? Yes___ No___
 If yes, how long?: _____

Have you driven professionally a manual transmission? Yes___ No___

List Companies you have worked for using your CDL:

NAME OF COMPANY	IMMEDIATE SUPERVISOR	PHONE NUMBER

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

Date: _____ Signature: _____