

**BUS DRIVER APPLICATION FOR EMPLOYMENT  
TWO RIVERS SCHOOL DISTRICT  
17727 EAST STATE HWY 28  
OLA AR 72853**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Current AR Driver's License: Operators \_\_\_\_\_ Chauffeurs \_\_\_\_\_ Other \_\_\_\_\_  
Number \_\_\_\_\_

Are you related to any Two Rivers School Board Member? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please state the relationship \_\_\_\_\_

Are you authorized to work in the U.S. on an unrestricted basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any physical impairment? \_\_\_\_\_

Have you had any type of vehicle accident in the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes give approximate date(s) \_\_\_\_\_

Have you been arrested for a moving traffic violation in the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes give approximate date(s) \_\_\_\_\_

Has your driver's license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes give approximate date(s) \_\_\_\_\_

Are you a veteran, disabled veteran or surviving spouse of a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use intoxicants? Yes \_\_\_\_\_ No \_\_\_\_\_ To what degree? \_\_\_\_\_

Do you use drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ To what degree? \_\_\_\_\_

To the best of my knowledge the answers to the above questions are full and correct. By my signature I hereby give the Two Rivers School District administration approval to obtain a moving vehicle report of my driving record. Also, I hold free from liability the school district, its employees or anyone giving information as to my reputation, employment, or health history.

Signature \_\_\_\_\_ Date \_\_\_\_\_

References (do not use relatives):

- |    | <u>Name</u> | <u>Address</u> | <u>Telephone</u> |
|----|-------------|----------------|------------------|
| 1. | _____       |                |                  |
| 2. | _____       |                |                  |
| 3. | _____       |                |                  |