

USD 327 ELLSWORTH-KANOPOLIS-GENESE0

APPLICATION FOR BUS DRIVER

Name _____ Social Security No. _____
Last First MI

Address _____

How long have you lived at this address? _____ Phone No. _____

Education Completed (Highest grade or degree completed): _____

Current Driver's License: Class A Class B Class C

License Number: _____ State: _____

Do you hold a current First Aid Certificate? Yes No

Do you hold a current Defensive Driving Certificate? Yes No

PHYSICAL QUALIFICATIONS

YES NO

Do you have loss of a foot, leg, fingers, hand, arm or other structural defect, or limitation of movement likely to interfere with safe driving?

Do you have mental, nervous, organic, or functional disease likely to interfere with safe driving?

Do you have indication of a coronary or heart ailment which the examining physician would determine is likely to interfere with safe driving?

Do you use medication which the examining physician would determine is likely to interfere with safe driving?

Do you have visual acuity of at least 20/40 (Snellen) in each eye either without glasses or by correction with glasses or contact lenses? A field of vision in the horizontal meridian of not less than a total of 140 degrees? Ability to distinguish the colors red, green and yellow?

Do you have the ability to perceive the whispered voice in the better ear at not least than five feet with or without the use of a hearing aid?

Do you have addiction to the use of narcotics, illegal drugs, alcohol or liquor?

DRIVING RECORD

Have you ever been convicted of: YES NO
Hit and run driving?
Driving while intoxicated or under the influence of drugs?
Vehicular homicide?
Any act which, if committed in the state of Kansas, would be classified
as a felony, or Class A, Class B or Class C misdemeanor?
Reckless driving?

Have you had any type of vehicle accident in the past three years? Yes No

If yes, please describe: _____

Have you been arrested for moving violation in the past three years? Yes No

If yes, please describe: _____

Has your driver's license ever been suspended? Yes No

If yes, state date and reason: _____

PREVIOUS EMPLOYMENT (Begin with the most recent)

Dates	Name & Address of Employer	Reason for Leaving	Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References (Please include name, address and phone number of two other than relatives):

I, the undersigned, hereby give my permission to USD 327 Ellsworth-Kanopolis-Geneseo to make job related inquiry to any and all employers and references listed in this application. I also understand that a background screening will be done based on the information I have provided.

Signature: _____ Date: _____

Return to: USD 327 Ellsworth-Kanopolis-Geneseo
PO Box 306
145 West 15th Street
Ellsworth, Kansas 67439