



Please either fax this application to 613-346-2389  
 Or mail it to:  
 16935 Highway 43  
 Avonmore, ON, K0C 1C0

## School Bus Driver Application for Employment

( Please PRINT clearly)

<b>PERSONAL INFORMATION</b>		
Surname	First Name	Second Name
Address (Street)		Apt. #
City	Province	Postal Code
Telephone #	Alternate #s (Please specify what the numbers are)	
Are you legally permitted to work in Canada?	Wage Expected	Date Available
Would be able to drive the following: (Please circle choices) a.m. run                                  noon run                                  p.m. run                                  charters		
<b>EDUCATION</b>		
Please circle highest grade completed: 8 9 10 11 12 13                  College 1 2 3 4		
Other courses or related training: _____		
<b>DRIVING RECORD</b>		
Do you have a valid driver's license? Yes ____ No ____      Class of license: _____      Expiry Date: _____		
What awards do you hold for safe driving: _____ _____		
<b>DRIVING EXPERIENCE</b>		
Type of Equipment	Years of Experience	
Car		
School Bus		
Highway Coach		
Other (specify)		



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**WORK HISTORY**

(Please begin with the most recent employer – Specify the supervisor contact number “if” we are able to contact him/her)

From mm/yy	To mm/yy	Name and address of employer	Last rate of pay	Supervisor's Name and contact number	Reason for leaving
1.					
2.					
3.					
4.					
5.					

Please indicate by number which employers you do **not** want us to contact: \_\_\_\_\_

**PERSONAL REFERENCES**

(Exclude former employers, employees and relatives)

Name and occupation	Address	Phone #
1.		
2.		
3.		

As a driver applicant, I acknowledge the following conditions of employment must be met and maintained:

- a) I must pass a mandatory Ministry of Transportation medical examination
- b) I must obtain and hold a valid class B license

I hereby certify that the information given on this form is true, correct and complete. I understand that any false information or consequential omission contained in this application is cause for my immediate discharge. This information may be used to obtain a fidelity bond.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date