EAST CENTRAL ALBERTA CATHOLIC SEPARATE SCHOOLS REGIONAL DIVISION NO. 16
1018 – 1st Avenue, Wainwright, AB T9W 1G9
Phone: (780) 842-3992 or Fax (780)-842-5322

APPLICATION TO DRIVE A SCHOOL BUS

Applicant Information

Full Name: _____
Last *First* *Middle*

Address: _____
Street Address *Email Address*

_____
City *Province* *Postal Code*

Phone: ( ) _____ Rural Land Location, if applicable _____

Bus Driver Position Applied for: Regular Route Driver ☐ Spare Route Driver ☐ Volunteer Bus Driver ☐

Class of License held: _____ Drivers License No.: _____

Copy of current License provided Yes ☐ No ☐

Medical: Yes ☐ No ☐ Date: _____

Please list any physical challenges that may affect your ability to perform the duties of a school bus driver: _____

_____

Driving Experience

School Bus Driving Experience: Yes ☐ No ☐ If Yes, Please complete the section below.

Company: _____ Company: _____

Route Length: _____ Route Length: _____

Bus Size: _____ Bus Size: _____

Years: _____ Years: _____

Certificates

(A copy of all certificates and training must be attached to application and placed on driver file)

Pre-Employment "S" Endorsement: _____(date issued)

Complete "S" Endorsement Certification: _____(date issued)

First Aid Course: _____(date issued)

Driver's Abstract: _____(date issued)

Criminal Record Check: _____(date issued)

Child Welfare Check: _____(date issued)

3 Year Employment History

Employer: _____

Dates: _____

Duties: _____

_____

Employer: _____

Dates: _____

Duties: _____

_____

Employer: _____

Dates: _____

Duties: _____

References

Full Name: _____ Relationship: _____

Company: _____ Phone: ( ) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: ( ) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: ( ) _____

Address: _____

I hereby certify that the above information is correct, and I am willing to submit to a drivers test, criminal search and a driving record check any time I am requested to do so. Any changes in the above information must be directed to the Transportation Manager immediately.

MUST BE ATTACHED TO APPLICATION: ☐ **CHILD WELFARE CHECK** ☐ **CRIMINAL RECORD CHECK**

SIGNATURE: _____ DATE OF APPLICATION: _____

To be completed by the Principal

I verify that this applicant has met the qualifications as outlined in Admin Procedure 612 and I support the approval of this application.

_____ _____

Principal Signature Date