

ADA CITY SCHOOLS

P. O. Box 1359

Ada, Oklahoma 74821-1359

Bus Driver Application

Date _____

NAME: _____
FIRST MIDDLE LAST SOCIAL SECURITY NO.

Are you over the age of 18? _____ Yes _____ No

PRESENT ADDRESS _____
No. and Street City State Zip Telephone

PERMANENT ADDRESS _____
No. and Street City State Zip Telephone

Are You a Citizen of U.S.? _____ Yes _____ No if No, Do You Intend to Become a Citizen? _____ Yes _____ No

Do you have any physical impairments or chronic ailments that would prevent you from performing in the position for which you are making application? _____ yes _____ No

Names of Relatives Working for this District

Place of Employment Other Than School _____ (Name of Firm)

Address _____ Phone No. _____

Operator's License Number _____ Expiration Date _____

Chauffeur's License No. _____ Expiration Date _____

Are You Available For Full Time Bus Routes? _____ Yes _____ No

Have You Received as Many as Three Traffic Citations In The Last Year? _____ Yes _____ No

Have You Ever Been Involved in a Traffic Accident? _____ Yes _____ No What Year? _____

Have You Attended a State Bus Driving School? _____ Yes _____ No What Year _____

Have You Had a Drug and Alcohol Test Within the Past 12 Months? _____ Yes _____ No

LAST 3 YEARS EXPERIENCE IN DRIVING A SCHOOL BUS:

YEAR	NAME OF SCHOOL	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Date)

(Applicant's Signature)

It is the policy of Ada City Schools to assure that there shall be no discrimination against any applicant on the grounds of age, race, color, religion, sex, national origin, or ancestry.