

Application

BUS / VAN DRIVER

Central Christian School

3970 Kidron Road ~ Box 9
Kidron, Ohio 44636
Phone: 330-857-7311
Fax: 330-857-7331
Email: hbeun@ccscomets.org
www.ccscomets.org

I. Personal Data

Name _____
Last First Middle

Address _____

Phone _____

Place of Birth: City _____ State _____ Country _____

Medical Restrictions which might affect your ability to drive a bus (explain briefly)

Glasses/Contacts? _____ Do you use: alcohol tobacco illegal drugs

Marital Status _____ Spouse's Name _____

Children: Boys _____ Ages _____ Girls _____ Ages _____

Church Affiliation _____

Denomination _____ Pastor _____

II. Education and Experience

High school graduate of _____

College or trade school (note any classes or special training) Graduate? _____

List work experiences starting with most recent:

| Employer | Years | Supervisor/Reference |
|----------|-------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

III. Other

List all traffic violations you have had in the past two years.

Have you ever had your license suspended? _____

List all driving experiences which you feel help qualify you for this position.

Type of drivers license _____ Number _____

When requested, supply a Driver's Abstract with this application. (Send a \$3 Money Order to: State of Ohio Bureau of Motor Vehicles, PO Box 16520, Columbus OH 43266-0220.)

IV. References (people other than immediate family who could speak to your driving skills)

| | Name | Relationship | Address | Phone |
|---|-------|--------------|---------|-------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |

Signature _____ Date _____

Please add other information that could help you in securing this position: