

# BUS DRIVER APPLICATION

Tri-County Schools  
Ind. School District #2358  
Karlstad, Minnesota 56732  
Telephone: 218-436-2261

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

Bus Driver License No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Earliest day you can start employment if hired. \_\_\_\_\_

Work Experience: List all employment with most recent first.

| Employer | Date(s) | Type of Work | Supervisor |
|----------|---------|--------------|------------|
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## EDUCATION

High School

Dates

Post High School

Dates

Have you completed your Driver Certification? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes attach a copy.

Have you completed current American Heart Association Certification - CPR course?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes attach a copy.

REFERENCES: (3) Names & Telephone Numbers

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Why do you feel you might qualify for this position?

Any other information you may care to provide regarding this position.

FEDERAL REGULATIONS REQUIRE RANDOM DRUG & ALCOHOL TESTS

Attach copy of Mn. Dept. of Public Safety Driving Record.

The statements made and information given in this application are, to the best of my knowledge, true, accurate and complete. I understand they will be subject to verification by the Tri-County Public Schools.

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APPLICANT'S SIGNATURE

EQUAL OPPORTUNITY EMPLOYER