

(Office use only) CORI _____
COPY TO: _____

CARVER PUBLIC SCHOOLS

3 Carver Square Boulevard
Carver, MA 02330-1200

Telephone: 508.866.6160

Transportation Office: 508.866.9627

Fax: 508.866.2920

APPLICATION FOR SCHOOL BUS DRIVER

PERSONAL DATA:	DATE _____
NAME _____	
ADDRESS _____	
CITY/TOWN _____	STATE _____ ZIP CODE _____
TELEPHONE NUMBER _____	WORK NUMBER _____
SOCIAL SECURITY NUMBER _____	

DRIVERS LICENSE: _____ **CLASS:** _____ **STATE:** _____
CERTIFICATES: 7D --- YES No **CDL --- YES NO**

EDUCATION:			LAST GRADE	YEAR
<u>NAME OF SCHOOL</u>	<u>CITY/TOWN</u>	<u>STATE</u>	<u>COMPLETED</u>	<u>GRADUATED</u>

WORK EXPERIENCE:
EMPLOYER (Name and address) APPROXIMATE DATES

Do you have any special health consideration that would affect your ability to perform this job satisfactorily?

Yes ___ No ___

IT IS THE RESPONSIBILITY OF THE APPLICANT TO FURNISH AN UP-TO-DATE **MANTOUX (TB) TEST** AND PROOF OF IMMUNITY TO **MEASLES, MUMPS AND RUBELLA**

Please turn over

