(Office use only) CORI COPY TO:

CARVER PUBLIC SCHOOLS

3 Carver Square Boulevard Carver, MA 02330-1200 Transportation Office: 508.866.9627

Fax: 508.866.2920

APPLICATION FOR SCHOOL BUS DRIVER

PERSONAL DATA:	DATE	
NAME		
ADDRESS		
CITY/TOWN		
TELEPHONE NUMBER	WORK NUMBER	
SOCIAL SECURITY NUMBER		
DRIVERS LICENSE:	CLASS:	STATE:
CERTIFICATES: 7D YES INO	CDL YES	\square NO \square
EDUCATION:NAME OF SCHOOLCITY/TOWNSTATE	LAST GRADE COMPLETED	YEAR <u>GRADUATED</u>
WORK EXPERIENCE: EMPLOYER (Name and address)		APPROXIMATE DATES
Do you have any special health consideration t satisfactorily? YesNo	that would affect your ability	v to perform this job
IT IS THE RESPONSIBILITY OF THE APPLICANT TO FURN OF IMMUNITY TO MEASLES, MUMPS AND RUBELLA	ISH AN UP-TO-DATE MANTOUX	(TB) TEST AND PROOF
		Please turn over

Telephone: 508.866.6160

REFERENCES:

The Carver School Committee requests that references do not include employees of the school department or members of the Carver School Committee.

NAME	ADDRESS	TELEPHONE
Are there any additional commo	ents that you wish to add	to support your candidacy?
SIGNATURE OF APPLICANT		DATE
Carver School Departme	nt is an Equal Opportunit	y - Affirmative Action Employer

Please note that this application is good only from year to date. In order to be kept in our active file, please make out a new application after the year is over.

07/2006 agm