

# Southside School District No. 3

70 Scott Drive  
Batesville, Arkansas 72501

## APPLICATION FOR EMPLOYMENT BUS DRIVER

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

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

Driver License No. \_\_\_\_\_ Type of License Now Held \_\_\_\_\_

### Education Record:

High School/GED: \_\_\_\_\_  
(Name of School) (Completion Date)

College/Technical: \_\_\_\_\_  
(Name of School) (Completion Date)

### Previous Employment Record:

From	To	Name & Address of Employer	Position	Reason for Leaving
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Have you been issued a traffic citation in the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_

Do you, or are you required to take any type of medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind and why? \_\_\_\_\_

Do you use alcohol or any type of drug that would affect your performance as a driver? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe your general health \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Veteran Status (A.C.A. 21-3-301)

- \_\_\_\_\_ Veteran
- \_\_\_\_\_ Disabled Veteran
- \_\_\_\_\_ Surviving Spouse of a Deceased Veteran
- \_\_\_\_\_ Spouse of a Disabled Veteran
- \_\_\_\_\_ N/A

**Personal References (Include supervisors of last two jobs)**

Name and Address	Occupation	Phone
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date