

APPLICATION FOR CHILTON COUNTY SCHOOL BUS DRIVER

DATE _____

NAME _____ SOCIAL SECURITY # _____
(As on Social Security Card)

NAME _____ DRIVER LICENSE # _____
(As on Driver's License)

ADDRESS _____ PHONE _____

SCHOOL APPLYING FOR _____

BUS # APPLYING FOR _____

HOW MANY ACCIDENTS HAVE YOU HAD IN THREE YEARS? _____
(Describe in detail on back of application)

HOW MANY TRAFFIC TICKETS HAVE YOU RECEIVED IN THE PAST THREE YEARS?

(Give date and describe)

DRIVING EXPERIENCE _____

WOULD YOU BE WILLING TO COMPLY WITH ALL RULES AND REGULATIONS SET
UP BY THE CHILTON COUNTY BOARD OF EDUCATION AND THE TRANSPORTATION
DEPARTMENT? _____

HIGHEST GRADE COMPLETED IN SCHOOL _____
Grade Name of School Year

REFERENCES (NO RELATIVES)

1. _____

2. _____

3. _____

SIGNATURE OF APPLICANT

AS TRANSPORTATION SUPERVISOR OF CHILTON COUNTY SCHOOL SYSTEM, I
RECOMMEND THE ABOVE PERSON AS A SCHOOL BUS DRIVER FOR CHILTON COUNTY.

TRANSPORTATION SUPERVISOR

