

**MT. BLUE REGIONAL SCHOOL DISTRICT
SCHOOL BUS DRIVER /CUSTODIAN APPLICANT**

NAME: _____ DATE: _____
 Last First MI

PRESENT ADDRESS: _____
 Street City State Zip

Number of years at this address? _____ Are You now employed? _____

If not how long since leaving last employment? _____

Telephone: _____ Social Security #: _____

Drivers License No.: _____ State: _____ Exp. Date: _____

Class: _____ Codes: _____ D.O.B.: _____

List any driving restrictions: _____

Years of driving experience: Auto _____ School Bus _____ Other (explain) _____

List all accidents that you have had during the past five years:

Nature of Accident	Place	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your driver's license ever been suspended or revoked? _____ If yes, explain: _____

Have you ever been convicted of a crime, excluding misdemeanors? _____ If YES,
 explain. _____

Do you own your own car? _____ Name of Automobile Insurance Company: _____

EDUCATION:

City	Name of School	Years Completed	Year Graduated	Degree
High School	_____	1 - 2 - 3 - 4	_____	_____
College	_____	1 - 2 - 3 - 4	_____	_____
Business or Technical School or Courses	_____			
_____	_____			

List any other experience that may help in your work for this company: _____

U.S. MILITARY SERVICE:

Branch: _____ Rank: _____

Date entered: _____ Dates of Active Duty: _____

Date Discharged: _____

Are you currently in any branch of the Reserves? _____

RECORD OF EMPLOYMENT:

Please list three previous employers:

Employer	City	Phone #	Dates
Employer	City	Phone #	Dates
Employer	City	Phone #	Dates

Please list any previous experience you have that you feel would aid you in this position: _____

How did you learn of this position? _____

Are you seeking full- time or part time employment? _____ Have you ever worked for us before? _____

Can you accept a position immediately? _____ If not how soon? _____

Please list three personal references (do not include relatives or neighbors):

Name Address and Phone #

Name Address and Phone #

Name Address and Phone #

Have you ever been injured on a job? _____ If YES explain.

Please list any impairment which could interfere with your ability to perform this job: _____

Are you presently under a physician's care for any health problems? _____ If yes, explain: _____

Are you currently receiving any prescribed drugs? _____ If yes, explain: _____

***OPTIONAL:** If date of birth not stated, applicant must supply Mt. Blue RSD with a valid State of Maine driving record for the previous ten (10) years and a valid State of Maine criminal record for lifetime.

All questions must be answered and all information must be complete. Any falsehoods, fabrications or omissions uncovered later will be grounds for termination. I declare that this information is accurate and agree that it may be confirmed by any reasonable means chosen by Mt. Blue RSD.

Signature

Date

MT. BLUE REGIONAL SCHOOL DISTRICT

Pre-Employment Background Check

(Please print all information)

NAME _____
First Middle Last (Maiden)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Previous Address _____

_____ County _____
City State Zip

Social Security # _____ - _____ - _____ Drivers License No./State _____

Birth Date _____ Place of Birth _____

List All Convictions/Traffic Violations
(Conviction of a Crime is not an automatic bar to employment by Mt. Blue RSD)

Year	Offense	City	State

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the Mt. Blue RSD contacts in connection with my employment application to fully provide the Mt. Blue RSD any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Mt. Blue RSD, its agents and officials or against my provider of such information.

Signature _____ Date _____