

**MT. BLUE REGIONAL SCHOOL DISTRICT
CAR/VAN DRIVER 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