



SPRINGBORO COMMUNITY CITY SCHOOLS  
**BUS DRIVER APPLICATION**

Transportation Department  
1707 S. Main Street  
Springboro, OH 45066

Date: \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you willing to take a physical exam if a job offer is made?  Yes  No

Are you willing to submit to a drug screen if a job offer is made?  Yes  No

On what date are you available to begin training with Springboro Schools? \_\_\_\_\_

The minimum driving age at Springboro Schools is 21. Do you meet this requirement?  Yes  No

Have you ever been terminated, non-renewed, or asked to resign from a previously held position?  Yes  No  
If yes, please provide details.

Have you ever worked for Springboro Schools?  Yes  No

If yes, where and when? \_\_\_\_\_

In the event of an emergency, who should we contact?

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Name	Address	(Area Code) Phone number
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**EMPLOYMENT POLICY**

*The Springboro Community City School District is an Equal Opportunity Employer. NO Candidate for a position in the District shall be discriminated against on the basis of race, color religion, national origin or citizenship status, creed or ancestry, age, gender marital status, non-disqualifying disability, height, or other protected categories. In accordance with Federal law, any person employed by this District must provide evidence that she/he is eligible to work in the United States.*

## Record of Education

	Graduated	Name of school/address	Type of Degree or Cert.
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade/Business or Driving School	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Record of Driving Experience and Qualifications

*List all driving licenses held during the past five (5) years. List most current license first.*

State	License Number	Type of License	Expiration Date

Have you had any special training or completed any courses of study that may help you as a school bus driver?     Yes     No

Have you ever received any safe driving awards or certifications for driving?     Yes     No

Have you ever been denied a license, permit or privilege to operate a motor vehicle?     Yes     No

Has any license, permit or privilege ever been suspended or revoked?     Yes     No

If you answered yes to any of the above, please explain: \_\_\_\_\_

## Record of Vehicular Accidents for Past FIVE (5) YEARS

*List all vehicular accidents in which you have been involved as a driver during the past five (5) years.*

Date	Description	Location

## Record of Traffic Citations for Past FIVE (5) YEARS

*List all traffic citations you have received in the past five (5) years. List most current citations first.*

Date	Description	Location

## Record of Work Experience for Past FIVE (5) YEARS

Document the past five (5) years, listing most current employer first. Explain any gaps greater than six (six) months.

Use a separate sheet of paper if necessary.

<i>Employer:</i>	<i>Period of Employment</i> <i>From month/year To month/year</i>
May we contact as a reference?	Name of supervisor
Address, City, State, Zip	Phone Number (with area code)
Title/Duties	Starting Hourly Rate/Salary
Reason for Leaving	Ending Hourly Rate/Salary
<hr/>	
<i>Employer:</i>	<i>Period of Employment</i> <i>From month/year To month/year</i>
May we contact as a reference?	Name of supervisor
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<i>Employer:</i>	<i>Period of Employment</i> <i>From month/year To month/year</i>
May we contact as a reference?	Name of supervisor
Address, City, State, Zip	Phone Number (with area code)
Title/Duties	Starting Hourly Rate/Salary
Reason for Leaving	Ending Hourly Rate/Salary

### Applicant Certification

I hereby submit my application for employment as a school bus driver with Springboro Community City Schools. I understand that in addition to various qualifications, certifications and related requirements, I must first successfully complete all school bus driver training requirements to be considered eligible for employment. \_\_\_\_\_initials

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in this application may be justification for refusal to hire or to terminate my employment at any time, regardless of time elapsed before discovery. \_\_\_\_\_initials

I further understand that an investigative report, including criminal background checks, may be made. I authorize all past employers, schools, persons and organizations having relevant information or knowledge to provide that information and knowledge to Springboro Community City Schools or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connect with my application. \_\_\_\_\_initials

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_