

SUNRISE SCHOOL DIVISION

Transportation Department

1023 Selch St. Beausejour, MB R0E 0C0

Telephone #268-2055 Fax #268-1453

APPLICATION FOR THE POSITION OF SCHOOL BUS DRIVER

PLEASE PRINT:

SURNAME _____ GIVEN NAMES _____

ADDRESS (incl. 5 digit civic #) _____ POSTAL CODE _____

S.I.N. # _____ TELEPHONE _____

DRIVER'S LICENCE NUMBER _____ CLASS ____ DRIVING EXPERIENCE (years) _____

DRIVING RECORD (Please list driving instruction, type of instruction, dates, if any) _____

EDUCATION AND TRAINING _____

EMPLOYMENT EXPERIENCE (Please list beginning with most recent)

Employer _____ Position Held _____

From (month/year) _____ To (month/year) _____

Employer _____ Position Held _____

From (month/year) _____ To (month/year) _____

Employer _____ Position Held _____

From (month/year) _____ To (month/year) _____

OTHER RELATED EXPERIENCE: _____

OTHER INTEREST AND/OR ABILITIES: _____

REFERENCES: (Past employers preferred)

NAME	POSITION	ADDRESS	TELEPHONE

I hereby grant permission to Sunrise School Division to carry out whatever personal investigation is necessary in connection with this application.

DATE: _____

SIGNATURE: _____

PLEASE NOTE: DRIVER'S ABSTRACT MUST ACCOMPANY COMPLETED APPLICATION and be submitted to the Transportation Dept.