



# BUS DRIVER APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address / Town / Postal Code: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Birthdate (Y/M/D): \_\_\_\_\_  
 Class of Operator Licence: \_\_\_\_\_ Licence #: \_\_\_\_\_

*A valid class 2 or 1 is a condition of employment for driving a school bus. Training provided prior to employment (if necessary).*

*Skills/qualifications you possess that would be assets (ie. machine &/or equipment operation; licences held; related experience):*

Work History - Current Employer	Start Date	
Work History - Past Employers	Start & End Dates	Reason for Leaving
References (List 3 names, preferably work related. Do not list relatives)	Phone Number	
1.		
2.		
3.		

Willing to drive (✓ to indicate):   
  **Regular Route**   
  **Substitute**   
  **Field Trips**

*Location Preferences (✓ to indicate school busing areas where you wish to apply)*

Bashaw	Hardisty (Allan Johnstone)	Ryley
Bawlf	Hay Lakes	Sedgewick (Central High)
Camrose Rural (County)	Holden	Tofield (incl. CW Sears)
Camrose Urban (Town)	Killam	Viking
Daysland	New Norway	
Forestburg	Round Hill	

**PLEASE SUPPLY THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:**

- **Copy of your Driver Licence**
- **Sign and attach the *Driver Abstract Consent form*** (do not obtain your own abstract; this will be done by the Division)
- **Criminal Record Check - including Vulnerable Sector** (obtain from your local police or RCMP detachment)
- **Intervention Record Check** (obtain from Child & Family Services offices)
- **Confidentiality Undertaking form** (Located at [brsd.ab.ca/careers](http://brsd.ab.ca/careers))
- **Records Disclosure form** (Located at [brsd.ab.ca/careers](http://brsd.ab.ca/careers))

Acceptance of application does not assure you of a position. Documents will be retained on file for successful applicants only. I understand that personal information gathered in this application is collected subject to the provisions of Section 32 of the Freedom of Information and Protection of Privacy Act.

*I certify that the statements made by me in this application are true and complete. I understand and agree that a false statement may disqualify me from employment or result in dismissal.*

Date (M/D/Y): \_\_\_\_\_ Signature: \_\_\_\_\_