



A DIVISION OF



Date: _____

Name: _____

Phone: _____

Address: _____

Date of Birth: _____

Referred By: _____

Licence#: _____ Class: _____ Expiry: _____

Present number of demerit points: _____ How many years have you been driving _____

Do you have standard transmission experience? _____

Have you driven a bus before _____ If yes, for who _____

Do you have a place to park a school bus _____ If yes, where? _____

Have you completed any driving courses e.g. defensive or young driver? _____

Please specify _____

Are you presently employed? _____

WORK HISTORY

EMPLOYER	ADDRESS	SUPERVISOR & PHONE #	REASON FOR LEAVING

EDUCATION:

Please circle the highest grade completed: 8, 9, 10, 11, 12, Higher

Other courses or related training: _____

PERSONAL REFERENCES (Excluding former employers):

NAME	ADDRESS	PHONE NUMBER

As a driver applicant, I acknowledge the following conditions of employment must be met and maintained:

- a) I must pass a mandatory M.T.O. medical examination & Criminal Search
- b) I must obtain and hold a valid Class B licence
- c) If we (Student Transportation of Canada Inc.) choose to qualify you to become a school bus driver you must remain on our drivers list for at least 1 school year or pay the training fee of \$400.00

_____ **Signature** _____ **Date** _____

OFFICE USE ONLY

Wages: _____ **D.D.C.** _____ **Employee #** _____

Date available to start training _____

Abstract Attached: _____

