

DeMotte Christian Schools, Inc.

1223 Begonia Street SE, PO Box 430

DeMotte, IN 46310

219-987-3721

SCHOOL BUS DRIVER APPLICATION FORM

APPLICANT INFORMATION

Date _____

Name: First _____ Middle _____ Last _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Mobile Phone _____

Date of Birth: _____ Social Security Number _____

(If your above address is less than 3 years continue listing them below to cover the previous 3 year period)

Address _____ Dates: From _____ to _____

City _____ State _____ Zip _____

Address _____ Dates: From _____ to _____

City _____ State _____ Zip _____

Address _____ Dates: From _____ to _____

City _____ State _____ Zip _____

Driver's License Information: all licenses held, last three years

State _____ Number _____ Expiration _____

State _____ Number _____ Expiration _____

State _____ Number _____ Expiration _____

CDL Driver Experience

Type of Vehicle Driven	From (Date)	To (Date)	Approximate Mileage
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

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All Accidents, last three years (If none, write NONE)

Date _____ Describe _____ Fatalities _____ Injuries _____

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List all Traffic Violation Convictions, last three years (If none, write NONE)

Date _____ Violation _____ State _____ Commercial Vehicle YES / NO

Date _____ Violation _____ State _____ Commercial Vehicle YES / NO

Date _____ Violation _____ State _____ Commercial Vehicle YES / NO

Date _____ Violation _____ State _____ Commercial Vehicle YES / NO

Have you ever had any driver license denied, suspended, revoked or cancelled by any issuing state agency?

Yes _____ No _____ if yes; state of issuance _____ explanation _____

EMPLOYMENT HISTORY

(Employment History, last 10 years (383.35) – account for gaps between employers (If owner operator, list carrier)

1. Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes _____ No _____

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this time? Yes _____ No _____

Reason for leaving: _____

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2. Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ___ No ___

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this time? Yes ___ No ___

Reason for leaving: _____

3. Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ___ No ___

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this time? Yes ___ No ___

Reason for leaving: _____

4. Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes ___ No ___

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this time? Yes ___ No ___

Reason for leaving: _____

For driver applicants of commercial motor vehicles that require Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

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As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for the previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provide investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

“I certify that this application was completed by me, and that all entries on it and the information in it are true and complete to the best of my knowledge.”

(Applicant's Signature)

(Date Signed)
