

## CANADIAN ROCKIES PUBLIC SCHOOLS SCHOOL BUS DRIVER APPLICATION FORM

Please email your resume and cover letter to <a href="htt@crps.ca">htt@crps.ca</a>
Canadian Rockies Public Schools thanks all applicants. Only those candidates selected for an interview will be contacted.

## **PERSONAL INFORMATION**

**Applicant Name** 

| CONTACT INFORMATION   |                           |  |                           |  |  |
|---|---------------------------|--|---------------------------|--|--|
| Home Address  |                           | Personal Email Address                       |                           |  |  |
|   |                           |  |                           |  |  |
|   |                           |  |                           |  |  |
| Home Telephone Number   | Cellular Telephone Number |  | Business Telephone Number |  |  |
|   | •                         |  |                           |  |  |
|   |                           |  |                           |  |  |
| PROFESSIONAL REFERENCES- Please Provide Phone Number and Email                                  |                           |  |                           |  |  |
| Reference 1 Name  |                           | Reference 2 Name                             |                           |  |  |
| Name  |                           | Hame   |                           |  |  |
|   |                           |  |                           |  |  |
| Contact Information (Phone number and Email)  |                           | Contact Information (Phone number and Email) |                           |  |  |
|   |                           |  |                           |  |  |
|   |                           |  |                           |  |  |
| Driver License Information  |                           |  |                           |  |  |
| No. Class:  | Endo                      | Endorsements:                                |                           |  |  |
|   |                           |  |                           |  |  |
| Current No. of Demerit Points: Do you have license conditions?                                  |                           |  |                           |  |  |
|   |                           |  |                           |  |  |
| Has your license ever been suspended?   |                           |  |                           |  |  |
| Medical Conditions  |                           |  |                           |  |  |
| Are there any medical conditions that would impair your ability to drive a bus? Please explain. |                           |  |                           |  |  |
|   |                           |  |                           |  |  |
|   |                           |  |                           |  |  |
|   |                           |  |                           |  |  |



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**Position/Duties** 

**Date** 

## **WORK HISTORY**

Company

List your last 3 jobs starting with the current or most recent:

| . ,   |   |                              |                      |
|---|---|------------------------------|----------------------|
|   |   |                              |                      |
|   |   |                              |                      |
|   |   |                              |                      |
|   |   |                              |                      |
|   |   |                              |                      |
| A Criminal Record/Vulnerable Sec<br>start in this position.<br>OFFICE USE ONLY: | ctor Check (current within 3 months) will b               | pe required before the succe | essful candidate may |
|   | ceived (Current within 3 months) Application Approved by: | Date:                        |                      |
| Date authorized to operate C  | RPS Commercial Vehicles:                                  |                              |                      |
|   | ng capacity of 25 or more:<br>ng capacity of 24 or less:  |                              |                      |
| Transportation Authorizing Signature: Date:                                     |   |                              |                      |
|   |   |                              |                      |