

**CUMBERLAND COUNTY SCHOOLS  
SCHOOL BUS DRIVER APPLICATION**

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Community \_\_\_\_\_

Date of Birth \_\_\_\_\_ U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Type of License \_\_\_\_\_

Type of Vehicles Driven: Bus \_\_\_\_\_ Truck \_\_\_\_\_ Years of Experience \_\_\_\_\_

What do you feel are your qualifications for this position? \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

If answer is yes, write explanation and details below:

\_\_\_\_\_

\_\_\_\_\_

Please list the last three places of employment and the nature of work:

Name From/To

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list three character references other than members of your family:

Name Address Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**MEDICAL HISTORY**

Do you have or have you had:

Heart disease	Yes _____	No _____
Physical deformities	Yes _____	No _____
Alcoholism or drug Addiction	Yes _____	No _____
Vision Problems	Yes _____	No _____
Dizziness or fainting spells	Yes _____	No _____
Nervous disorders or mental illness	Yes _____	No _____
Do you take any medication or drugs to Correct blood pressure or of a sedative nature?	Yes _____	No _____

Information supplied in this application is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Federal Mandated Drug and Alcohol testing is scheduled to go into effect on January 1, 1995. Personnel required to have a Commercial Driver's License (CDL) employed in safety sensitive positions will be subject to drug and alcohol testing. School bus drivers are considered in safety sensitive positions and will be subject to this mandated testing. I understand a condition of employment will be to participate in this testing program and related training.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THIS APPLICATION WILL BE KEPT ON FILE FOR ONE YEAR. Applicant is responsible for reapplying no later than July of each year to be considered for employment in subsequent school year.

**AUTHORIZATION FOR RELAEASE OF INFORMATION**

APPLICANT \_\_\_\_\_

Requesting Agency:

Cumberland County Board of Education  
West Stanley Street  
ATTN: Personnel Department  
Crossville, TN 38555

Releasing Agency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned do hereby authorize the release of the following specific information to authorized Personnel Department employees pursuant to initial or continued employment and other related personnel actions. (Check all required items).

Yes    No

\_\_\_    \_\_\_    Education records, certification and endorsements.

\_\_\_    \_\_\_    Reports of teaching experience.

\_\_\_    \_\_\_    Social history data for purpose for purpose of citizenship determination, employment eligibility certification, health and dental coverage.

\_\_\_    \_\_\_    Reference. Check information related to employment screening.

\_\_\_    \_\_\_    Health, driving records, drug screening results (as required for employment) and Criminal background checks.

\_\_\_    \_\_\_    Specify \_\_\_\_\_

I understand that no information may be redisclosed by either agency to any other individual or agency without the undersigned written consent. Further, this authorization will be automatically revoked upon termination of employment.

I HAVE READ THE ABOVE AND ASSERT THAT THIS CONSENT FOR RELEASE OF INFORMATION IS GIVEN FREELY, VOLUNTARILY AND WITHOUT CONCERN.

X \_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DEPT. OF PERSONNEL STAFF MEMBER