

# Application for Bus Driver

Wayne County School System  
419 South Main Street  
P.O. Box 658  
Waynesboro, TN 38485

**Application for:** **Bus Driver** \_\_\_\_\_ **OR** **Sub. Bus Driver** \_\_\_\_\_

Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: If same write same \_\_\_\_\_

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

Phone Number Cell \_\_\_\_\_

Home \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Last School Attended \_\_\_\_\_

Present Position \_\_\_\_\_

Previous Experience \_\_\_\_\_

## References:

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

Name

Relationship

Phone #

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

Name

Relationship

Phone #

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

Name

Relationship

Phone #

Attach a copy of your license to this application.

CDL License #: \_\_\_\_\_ Endorsement Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_