CALVIN CHRISTIAN SCHOOL 528 East 161st Place South Holland, IL 60473 P 708-331-5027 F 708-331-8728

BUS DRIVER APPLICATION FOR EMPLOYMENT

Information in this application will be used, and prior employers may be contacted, for purposes of investigation as required by Section 391.23 of the Motor Carrier Safety Regulations.

			Date of Application		
Your Name				Phone	
	(First)	(Middle)	(Last)		
Address				How Long?	
	(Street)	(City)	(State & Zip Code)		
Address for p	oast Three Years:				How Long?
					How Long?
					How Long?
		(ATTACH SHE	ET IF MORE SPACE IS NEED	ED)	
Date of birth_	SSN		When can you work,	if employed?	
Have you wor	rked for a bus company b	efore?	Where?		
			of Pay Pos		
Reason for lea	aving				
Names of rela	atives in our employ				
Are you now	employed? If not	, how long since leav	ving last employment?		
List any physi	ical defects (such as eyesi		HYSICAL HISTORY npairment, diabetes, back o	r heart trouble, h	nigh blood pressure, fits,
					oe
Date of last p	hysical examination	Doct	or's name and address		
Date of last ill	lness	Cause and ext	ent of last illness or injury_		
Ever injured o	on the job?	Give nature a	nd degree of such injuries _		
			·		
How much tir	me lost from work in past	three years for illne	ess		
Have you eve	er received or are you now	y making Claim for V	Vorkmen's Compensation?	\M/hai	a

EMPLOYMENT FOR THE PAST 3 YEARS (Attach sheet if you had more than 3 employers in past 3 years)

Last employer. Hame_					
Address					
Position held _		From	To	Salar	y
Reason for lea	ving				
Second last employer:	Name				
Address					
Position heldFromFrom		To			
Reason for lea	ving				
Address					
Position held _		From	To	Salar	y
Reason for lea	ving				
		MILITARY	STATUS		
Have you served in the	Branch	Date	es: From	To	
Rank at Discharge		Date of Discharge			
(in N.J. do not fill in this line unless hired) Draft Status			Reserve Status		
		EDUCA	ATION		
Circle highest grade cor	npleted: 1 2 3 4	5 6 7 8	High School:	1 2 3 4	College: 1 2 3 4
Last school attended	·				
(Name)			(City and State)		
		EXPERIENCE AND QUA	LIFICATIONS - DRIV	/ER	
DRIVER	State	License No.	Ту	pe	Expiration date
LICENSES					
List all unexpired licenses and					
permits					
-					

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment *	Dates		Approx. No. of Miles		
		From	То	(Total)		
Intercity Bus						
Transit or Suburban Bus						
School Bus						
Truck (or combination)						
Other						
* Airport bus, sightseeing bus, semi-trailer, full trailer, etc.						

List States operated in fo	or last five years			
Show special courses or	training that will help you as a driver:			
Which safe driving awar	ds do you hold and from whom?			
ACCIDENT RECORD FOR	PAST 3 YEARS OR MORE (include all mo	tor vehicle accidents)		
Date	Nature of Accident	i i	Fatalities	Injuries
Last Accident	(Head-on, Rear-end, Upse	et, etc.)	(Number)	(Number)
Last Accident				
Next Previous				
Next Previous				
Next Previous				
1	(ATTACH SHEET IF M	IORE SPACE IS NEEDED)		1
TRAFFIC CONVICTIONS A	AND FORFEITURES OF BOND OR COLLAT	ERAL IN PAST 3 YEARS (OTH	ER THAN PARKING	VIOLATIONS)
Location	Date	Charge		Penalty
	(ATTACH SHEET IF M	IORE SPACE IS NEEDED)		
APPLICANT QUESTION	ONS RELATED TO FAITH			
Describe vour relationsh	ip with Jesus Christ. Explain how your fa	ith impacts your work and yo	our life as a followe	r of lacus
bescribe your relationsh	ip with Jesus Christ. Explain flow your fa	ich impacts your work and ye	out the as a followe	or Jesus.
What is the Bible and ho	w is it different than other books or auth	orities?		
		-		
Describe God's sovereign	nty.			
	•			

How has sin affected humanity and the world?
How are people saved? Once saved, how do Christians live and why?
What is the Holy Spirit's role and the Christian's role in the restoration of creation?
For all applicants: What additional gifts, passions, interests, abilities do you have that would enhance Calvin Christian School?
Church & Denominational Affiliation
Church Address
Are you a member?Yes No Baptized? Yes No Profession of Faith?Yes No
EXPERIENCE AND QUALIFICATIONS OTHER
Show any transportation or other experience that may help in your work for this Company
List courses and training other than shown elsewhere in this Application

AGREEMENT - TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not. I understand that the information in this Application will be used, and that prior employers may be contacted, for purposes of investigation as required by Section 391.23 of the Motor Carrier Safety Regulations. This applicant agrees to furnish such additional information and complete such examinations as may be required to complete his employment file.

I do hereby request, and authorize this Company, any person or persons, each former employer, or any Firm or Corporation referred to in this Application, to give any information or answer all questions asked concerning my ability, work or moral character in connection with this Annlication, and release from liability or responsibility all persons

disqualify me for en specific period of er	nployment or ca nployment.	nuse my subse	equent dismis	mation. I further agr sal and that acceptar that all entries on it a	ice does not	bind either party to a
complete to the bes		•	r by me, and t	inat all entries on it al	na miormatic	on in it are true and
Da	Date			Αŗ	plicant's Sig	nature
			PROCESS F	RECORD		
Applicant hired				Rejected		
Department				Classification		
To be completed only	after employme	nt:				
Name and ac	ldress of spouse ₋	-				
Name and ac	Idress of father _					
Name and ac	dress of mother					
(If rejected, summary	report of reasons	s should be pla	ced in file)			
				ED IN BY RESPONSIBLE Y REPRESENTATIVE		
	SUPERIOR	GOOD	FAIR	Below Average	Poor	Written record on file
1. Application						
2. Interview						
3. Physical Exam						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Police and Traffic Record						

Signature of Company Representative ______