



SUNRISE SCHOOL DIVISION SCHOOL BUS DRIVER APPLICATION FORM



PLEASE PRINT

SURNAME: _____ GIVEN NAMES: _____

MAILING ADDRESS: _____ CITY: _____ POSTAL CODE: _____

CIVIC ADDRESS: (incl. 5 digit civic #) _____ EMAIL ADDRESS: _____

S.I.N.: _____ TELEPHONE #: (home) _____ - _____ - _____ (cell) _____ - _____ - _____

DRIVER'S LICENCE #: _____ CLASS: _____ DRIVING EXPERIENCE (years): _____

DRIVING RECORD: *(Please list driving instruction, type of instruction, dates)* _____

EDUCATION AND TRAINING: _____

EMPLOYMENT EXPERIENCE: *(Please begin with most recent)*

Employer _____ Position Held _____

From (month/year) _____ To (month/year) _____

Employer _____ Position Held _____

From (month/year) _____ To (month/year) _____

Employer _____ Position Held _____

From (month/year) _____ To (month/year) _____

OTHER RELATED EXPERIENCE: _____

OTHER INTEREST AND/OR ABILITIES: _____

REFERENCES: *(Past employers preferred)*

NAME	POSITION	ADDRESS	TELEPHONE

I hereby grant permission to Sunrise School Division to carry out whatever personal investigation is necessary in connection with this application.

DATE: _____ SIGNATURE: _____

PLEASE NOTE: DRIVER'S ABSTRACT MUST ACCOMPANY COMPLETED APPLICATION

Please submit completed application form and supporting documents to:

Sunrise School Division Transportation Department

Phone: 204.268.2055 Toll-free: 1.866.824.9545 Fax: 204.268.1453

1023 Selch Street , Beausejour, Manitoba R0E 0C0