

TWIN RIVERS UNIFIED SCHOOL DISTRICT



Human Resources

3222 Winona Way, North Highlands, CA 95660

www.TwinRiversusd.org

(916) 566-1600, X50359 Phone ~ (916) 566-3590 Fax

BUS DRIVER TRAINEE APPLICATION

Name: _____

Date: _____

Address: _____
(Street) (City) (State) (Zip)

Email Address: _____

Phone: _____

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodations? _____ Yes _____ No

Are there any specific sites in our District, hours, shifts, or days that you cannot or will not work?

_____ Yes _____ No If yes, explain fully: _____

Are you bilingual? _____ Yes _____ No If so, what language(s)? _____

Do you have a High School diploma or equivalent? _____ Yes _____ No

If you have taken any special courses, seminars, technical training schools, correspondence courses, night classes, etc., which you feel will help you in applying for this position, please list below:

Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or jury. (Note: Exclude convictions for marijuana-related offenses for more than two years old.)

_____ Yes _____ No If yes, explain: _____

A conviction will not necessarily disqualify you from employment, however, failure to report is cause for disqualification or dismissal.

AN EQUAL OPPORTUNITY EMPLOYER

Experience Information

List the most recent or present employment first.

FROM Mo/Yr	TO Mo/Yr	JOB TITLE AND DUTIES PERFORMED	EMPLOYER (Name, Address, Phone)
		Reason for Leaving:	Supervisor:

FROM Mo/Yr	TO Mo/Yr	JOB TITLE AND DUTIES PERFORMED	EMPLOYER (Name, Address, Phone)
		Reason for Leaving:	Supervisor:

FROM Mo/Yr	TO Mo/Yr	JOB TITLE AND DUTIES PERFORMED	EMPLOYER (Name, Address, Phone)
		Reason for Leaving:	Supervisor:

References

Name Address Phone

Name Address Phone

State law requires fingerprinting, a tuberculin test, and employment eligibility verification for all employees. Designated classes of employees are required to pass substance abuse testing, a physical examination, and/or skills testing.

I hereby affirm that all the statements and answers made in this application are true and complete to the best of my knowledge and belief and that any mis-statements or omissions of material facts will cause forfeiture on my part of all rights to any employment in the Twin Rivers Unified School District.

If I am being considered for selection, I authorize the Twin Rivers Unifies School District to contact references (e.g., former employers, current employer, eductional institutions). I release from all liability persons and organizations reporting information resulting by this application.

Date:

Signature: