

**WAUPACA SCHOOL DISTRICT
WORK APPLICATION FOR
School Bus Driver**

Return to: District Administrator
Waupaca School District
515 School St.
Waupaca, WI 54981

PLEASE TYPE OR PRINT

PERSONAL DATA

Name _____
(Last) (First) (Middle)

Present Address _____ Phone # _____
(Number) (Street) (City) (State) (Zip Code)

Have you applied for a position with the Waupaca School District previously? _____
What position? _____

Please describe any function or task in the position you seek which you would be unable to perform.

Upon an offer of employment, the candidates for any position, full-time or part-time, will be tested for drugs and/or controlled substances as a condition of employment.

NOTE: All applicants must be able to pass DOT physical and have no more than one moving violation in the past three years. District will obtain a copy of driving record from the State of Wisconsin.

DRIVING EXPERIENCE

List any driving restrictions _____

Years of Driving Experience: Auto _____ School Bus _____ Other _____

EMPLOYMENT HISTORY

List in order of last or present employer first	From _____ to _____ Mo./Yr. Mo./Yr.	Supervisor: _____ Name and Address	Employer _____ Title	Rate of Pay _____ Phone #
---	--	---------------------------------------	-------------------------	------------------------------

Your Reason for Leaving

From _____ to _____
Mo./Yr. Mo./Yr. Employer Rate of Pay

Supervisor: _____
Name and Address Title Phone #

Your Reason for Leaving

From _____ to _____
Mo./Yr. Mo./Yr. Employer Rate of Pay

Supervisor: _____
Name and Address Title Phone #

Your Reason for Leaving

REFERENCES: Give names of three (3) persons not related to you, whom you have known at least one year.

Name	Relationship	Years Acquainted	Telephone
------	--------------	------------------	-----------

The Waupaca School District does not discriminate on the basis of sex, race, religion, national origin, ancestry, creed, marital or parental status, sexual orientation, political affiliation, age, color, handicap, arrest or conviction record and is an Equal Opportunity Employer.

Sign your name here. Your signature affirms the information on this application is true to the best of your knowledge. I agree any false statements or omissions may lead to rejection of this application and/or dismissal.

Signature _____ Date _____