

Note to all applicants: Hiring procedures for all school bus drivers include a criminal background check, driving record and a pre-employment drug screen. Hiring procedures for all aides includes a pre-employment drug screen.

# Application for Employment

Valley Bus  
2761 Leahy Ave.  
Fargo, ND 58103  
(701) 235-5912

(Answer all questions— **please print**)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.

Date of application \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current address \_\_\_\_\_  
Street City

State Zip Code Phone How long? \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How long? \_\_\_\_\_

Street City State & Zip Code

Street City State & Zip Code How long? \_\_\_\_\_

Street City State & Zip Code How long? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish. \_\_\_\_\_

## Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to driver a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the most recent. Add another sheet if necessary.) \*Includes vehicle having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER			DATE	
Name	From Mo.	Yr.	To Mo.	Yr.
Address			Position held	
City	State	Zip	Salary/wage	
Contact Person	Phone Number		Reason for leaving	

EMPLOYER			DATE	
Name	From Mo.	Yr.	To Mo.	Yr.
Address			Position held	
City	State	Zip	Salary/wage	
Contact Person	Phone Number		Reason for leaving	

EMPLOYER			DATE	
Name	From Mo.	Yr.	To Mo.	Yr.
Address			Position held	
City	State	Zip	Salary/wage	
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EMPLOYER			DATE	
Name	From Mo.	Yr.	To Mo.	Yr.
Address			Position held	
City	State	Zip	Salary/wage	
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EMPLOYER			DATE	
Name	From Mo.	Yr.	To Mo.	Yr.
Address			Position held	
City	State	Zip	Salary/wage	
Contact Person	Phone Number		Reason for leaving	

EMPLOYER			DATE	
Name	From Mo.	Yr.	To Mo.	Yr.
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City	State	Zip	Salary/wage	
Contact Person	Phone Number		Reason for leaving	

EMPLOYER			DATE	
Name	From Mo.	Yr.	To Mo.	Yr.
Address			Position held	
City	State	Zip	Salary/wage	
Contact Person	Phone Number		Reason for leaving	



**EXPERINCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related maters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional off of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_

REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_

POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORDS ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR TRANSFER: \_\_\_\_\_ REASON FOR TRANSFER: \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DIMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACE IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_