



FORT LA BOSSE SCHOOL DIVISION  
APPLICATION FOR POSITION OF  
SCHOOL BUS DRIVER

DATE \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell No. \_\_\_\_\_

Class of Operator's License \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Restrictions of Driver' License \_\_\_\_\_ Bus Certificate Number \_\_\_\_\_

Prior to employment, a current Manitoba Public Insurance Driver Abstract must be provided.

Driver Abstract Attached – Yes \_\_\_\_\_, No \_\_\_\_\_

Years of Active Driving Experience: School Bus \_\_\_\_\_ Years;

Passenger Bus or Heavy Truck \_\_\_\_\_ Years; Light Truck or Car \_\_\_\_\_ Years

Are you presently employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

\_\_\_\_\_

If not, when and where were you last employed? \_\_\_\_\_

\_\_\_\_\_

Have you ever attended an approved School Bus Driver's Training Course? \_\_\_\_\_

Other such courses? \_\_\_\_\_ If yes, give date, place, and duration of such kind of course

\_\_\_\_\_ Did

you receive a certificate as a result of this course? \_\_\_\_\_ Other

certifications: \_\_\_\_\_ Give the

names and addresses of three persons (not related to you) for work & character reference referral

Name \_\_\_\_\_ Contact info;

\_\_\_\_\_ Name \_\_\_\_\_ Contact

info; \_\_\_\_\_ Name \_\_\_\_\_

Contact info; \_\_\_\_\_ To the best of my knowledge and belief, the answers to

the above questions are true.

\_\_\_\_\_  
(Signature of Applicant)