

MANCOS SCHOOL DISTRICT RE-6  
 355 W. GRAND AVENUE  
 MANCOS, CO 81328  
 PHONE (970)533-7748 FAX (970)533-7537

**BUS DRIVER APPLICATION**

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_  
LAST FIRST M.I.

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

**EMPLOYMENT DESIRED**

POSITION: \_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, PRESENT EMPLOYER: \_\_\_\_\_

PRESENT EMPLOYER PHONE NO. \_\_\_\_\_

**CERTIFICATION**

Do you have a valid Commercial Drivers License? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (Class B endorsement minimal)

License No. \_\_\_\_\_ Expiration \_\_\_\_\_

Do you hold a valid Standard Red Cross First Aid/CPR card? \_\_\_\_\_ Yes \_\_\_\_\_ No

Expiration \_\_\_\_\_

**EXPERIENCE**

DATES      NAME OF EMPLOYER      POSITION      PHONE NUMBER

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**REFERENCE**

Give below the names of three persons not related to you whom you have known for at least one year.

Name                      Address                      Business                      Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PLACE OF RESIDENCE OVER LAST SEVEN YEARS**

STATE

TOWN/CITY

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Signature of Applicant