



# BUS DRIVER / MECHANIC

## ALBERTVILLE CITY SCHOOL

107 West Main St.  
Albertville, AL 35950  
Phone (256) 891-1183 Fax (256) 891-6303  
Office Hours 7:30 a.m. – 4:00 p.m.

Central Office Use Only  
Date Received

Indicate Position Applied For (check all that apply):  Full Time  Substitute (for this position)  
 Bus Driver  Mechanic

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP

Social Security #: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you had a background check by Alabama State Department of Education?  Yes  No

Have you ever been discharged from any position?  Yes  No If yes, when and where? \_\_\_\_\_

Have you ever been convicted of, or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?  Yes  No

**NOTE: Employment will only be final upon completion and clearance of background check and verification of valid Commercial Drivers License**

**(Current verification of tuberculin skin test must accompany this application)**

Have you ever driven a school bus?  Yes  No If yes, number of years \_\_\_\_\_

Current Driver's License Number \_\_\_\_\_ CDL License # \_\_\_\_\_

Are you willing to take a physical examination?  Yes  No

Are you willing to undergo a drug test?  Yes  No

Do you have any restrictions on your driver's license?  Yes  No If yes, what? \_\_\_\_\_

Has your license been suspended or revoked?  Yes  No If yes, explain \_\_\_\_\_

### TRAINING

(list any special skills or qualifications)

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

## EDUCATION

Name of High School \_\_\_\_\_ Diploma  GED   
 Year of graduation or date GED was issued \_\_\_\_\_

College/University	Area of Study	Degree	Year of Graduation

## WORK EXPERIENCE

(List below the last four employers, starting with the last one first)

Date Month and Year	Name and Address of Employer	Type of work	Number of Years	Reason for Leaving

May Your Current Employer Be Contacted?  Yes  No

## REFERENCES

These should be persons qualified to answer questions concerning your qualifications for the position you seek.  
**DO NOT** include those related to you.

Name	Phone Number

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**NOTE: Any false information knowingly given on this application is grounds for dismissal.  
 Application will stay on file for one year. Send updated resume` by May 15<sup>th</sup> of the following year if you wish your  
 application to remain on file.**

It is the policy of the Albertville City School System that no person shall be denied employment, be excluded from participation in, be denied the benefits of, or subjected to discrimination in any program or activity on the basis of sex, race, religion, handicap, national origin, age or ethnic background. For information regarding the compliance of this statement you may contact Cynthia Green, Coordinator Title II, Dr. John Slivka, Coordinator 504 Mrs. Joyce Bishop, Director Title IX at 107 West Main Street, Albertville, Al 35950. Phone (256) 891-1183