



Transportation Worker Application Form

It is the goal of this school to create a safe and secure environment. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or offer volunteer services to our transportation program. This information will be used for the sole purpose of helping the school provide a safe and secure environment.

Name:	Date:
Date of Birth:	Social Security No.:
Have you ever used name(s) other than the one above? If yes, please list:	

Current address:	
City, state, zip:	Years at address:
Previous address:	
Current phone number:	Home:
	Work:

Please respond to all questions that apply to the position you are applying/volunteering for:

Position applying/volunteering for:	
When are you available to work?	
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
License number:	State issued:
Do you have current insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of agent:	Agent's Phone Number:

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This material is for information only and is not intended to provide legal or professional advice. You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.



Have you ever provided transportation for another organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list organization and dates:	
What types of vehicles have you been trained to drive?	

Please list all traffic violations:

Type	Date	Result

Current employer:	Length of employment:
Name of supervisor:	Phone number:
Previous employers (last five years)	Dates employed:

Have you ever worked with youth or children before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List where:	
Please explain why you are qualified for the desired position:	
Is there any reason you should not work with or around children or youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been the subject of a child abuse investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	
Have you ever been convicted of or pleaded guilty to a criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	



Please list your education background:

	Name	Graduate	Year	Degree or course of study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (Specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please list two references (must be of a business or organizational nature):

Name:	Phone:
Address:	Years know each other:
Name:	Phone:
Address:	Years know each other:

I hereby give permission to make a thorough investigation of my past employment, education, and background, and release from liability all persons, companies, or corporations supplying such information. I also release the school from any liability that might result from making such an investigation. I understand that any false statements or implications made by me on this application or other required documentation shall be considered sufficient cause for denial of employment or discharge.

Signature: _____ Date: _____