

Echo School District Employment Application – Bus Driver

600 Gerone St • Echo OR 97826 • (541) 376-8436 • FAX (541) 376-8473

Name: _____ Date: _____
Last *First* *Middle*

Address: _____
Street *City* *State* *Zip Code*

Phone: () _____ Email: _____ Soc. Sec #: _____

Are you currently under contract with another school district or bus company?
 YES NO If yes, where? _____

Do you have a current **Oregon School Bus License**? YES NO If no, when is it expected? _____
 Type of License: _____ Endorsements: _____
 Date of Expiration: _____

Have you ever:

- been dismissed from a position? Yes No
- been asked to resign from a position? Yes No
- been refused continuing employment as a bus driver? Yes No
- had a drivers license revoked? Yes No
- been convicted, pled guilty, or pled nolo contendere to a felony, or to a crime involving child abuse or sexual abuse? Yes No
- had a report of child abuse or sexual activities involving a K-12 student or minor filed against you with a school district, children Services agency, police agency, or in a court? Yes No

If you answered yes to any of the above, please explain _____

PAST EMPLOYERS/ EXPERIENCE

Please attach a summary of your employment history for the last 10 years.

REFERENCES

Name	Position/District	Address	Work Phone	Home Phone

I authorize the Echo School District to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a teaching position. I release the school district and all persons providing information to the school district from any liability whatsoever for obtaining and providing that information, regardless of the results.

Signature _____ Date _____