



Tipton-Rosemark Academy

8696 Rosemark Rd. • Millington, TN 38053
(901) 829-6500

School Bus Driver Application

Required Information

Name _____ Application Date ____/____/____

Email Address _____ Contact Phone # (____) _____

Street Address _____ City/State _____ Zip _____

Date of Birth ____/____/____ Social Security # ____/____/____

Marital Status Married Single Divorced Separated Widowed

License Number (must be Class B CDL) _____ Licensing State: _____

Endorsements _____ Restrictions _____

How many consecutive years have you driven a school bus? _____

Have you ever been convicted of a crime? (If yes, attach full details.) Yes No

Has your license/registration ever been revoked/suspended? (If yes, attach full details.) Yes No

Professional Experience

Professional Experience / References Please list any work experience.

Name/Location School/Employer	Street Address City/State/Zip	Phone	Occupation	Employment Dates

I affirm that all information included above, regarding work experience and references, is current and accurate.

Applicant Signature: _____ **Date:** ____/____/____

Please list five (5) references who are qualified to answer questions of your personal back-ground, Christian life, and professional experience. *(Required)*

Name	Street Address City/State/Zip	Phone	Occupation	Relationship

I affirm that all information included above, regarding personal and work references, is current and accurate.

Applicant Signature: _____ **Date:** ____ / ____ / ____

All information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief in consideration of the employment sought. If any misrepresentation by false statement or inaccuracy has been made by me herein, the School may withdraw any offer of employment, or my employment with the School may be terminated immediately without obligation, except for payment of earnings at the rate agreed upon through the last day/hour of my employment.

I hereby authorize the School to conduct a background check and any investigation it deems appropriate and hereby authorize all former employers, educators, and personal references stated on this application to make any and all information available to the School in reference to the application. I further authorize all law enforcement agencies to release the record of all convictions, if any.

I agree to submit myself to a physical examination/drug testing as part of the employment process.

I agree that my employment is contingent upon the satisfactory completion of a 90-day probationary period. I also agree that my employment is subject to and will be governed by all rules, regulations, and Employee Relations Policies as established or amended by the school. I further agree that any employment resulting from this application may be terminated at any time without liability to me for wages or other benefits, except such wages specifically earned at the time and date of such termination.

I have read and understand the foregoing statement of agreement and accept the terms stated herein.

Applicant Signature: _____ **Date:** ____ / ____ / ____