

GRANTON AREA SCHOOL DISTRICT

Transportation Department Employment Addendum

Name _____

Address _____

Date of Birth ____/____/____

Social Security No. _____ - _____ - _____

Previous addresses for the past 3 years

1. _____
 Street City ST Zip How Long?

2. _____
 Street City ST Zip How Long?

3. _____
 Street City ST Zip How Long?

EXPERIENCE & QUALIFICATIONS – DRIVER (Attach additional sheet if needed)

Driver Licenses	State	License No.	Classes and Endorsements	Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege been suspended or revoked? Yes No

If the answer to A or B is yes, please attach statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	From	To	Approximate Number of Miles (Total)
School Bus	15 or Less Passengers			
School Bus	16 or More Passengers			
Straight Truck				
Tractor/Trailer				
Tractor/Multiple Trailer				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Commercial and non-commercial)

Date	Nature of Accident (Rear end, Upset, etc.)	Fatalities	Injuries

TRAFFIC CONVICTIONS FOR PAST 3 YEARS (Other than parking violations for commercial & non-commercial)

Location	Date	Charge	Penalty

EMPLOYMENT RECORD Do not hold Commercial license at this time. (Skip to signature section at bottom.)
Note all employment of Commercial Driving within the past 10 years.

Last Employer: Name _____

Address: _____

Classes of Vehicle Driven: (Circle all that apply) A B C D M P S T H FROM _____ to _____

Reason for Leaving: _____

Subject to FMCSR's? Yes No Subject to drug/alcohol requirements per 49 CFR Part 40? Yes No

Second to Last Employer: Name _____

Address: _____

Classes of Vehicle Driven: (Circle all that apply) A B C D M P S T H FROM _____ to _____

Reason for Leaving: _____

Subject to FMCSR's? Yes No Subject to drug/alcohol requirements per 49 CFR Part 40? Yes No

Third to Last Employer: Name _____

Address: _____

Classes of Vehicle Driven: (Circle all that apply) A B C D M P S T H FROM _____ to _____

Reason for Leaving: _____

Subject to FMCSR's? Yes No Subject to drug/alcohol requirements per 49 CFR Part 40? Yes No

Fourth to Last Employer: Name _____

Address: _____

Classes of Vehicle Driven: (Circle all that apply) A B C D M P S T H FROM _____ to _____

Reason for Leaving: _____

Subject to FMCSR's? Yes No Subject to drug/alcohol requirements per 49 CFR Part 40? Yes No

To be read and signed by Applicant

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Today's Date _____

Applicant's Signature _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Granton Area School is an equal opportunity provider.