## CORINTH SCHOOL DISTRICT SCHOOL BUS DRIVER APPLICATION FOR EMPLOYMENT

Please print, complete and return to:
Edward Lee Childress, Ed.D., Superintendent
Corinth School District
1204 North Harper Road, Corinth, MS 38834
careers@corinth.k12.ms.us
(662) 287-2425

Information given herein becomes a leg	greatest care in preparing this application. gal part of the contract in case of election. omit any items.
Date:	
Name:	
Address:	
	Zip Code:
	:
Birth Date:// Driver's License Number:	Expiration:
Restrictions: Endorsements:	
PERSONAL INFORMATION	
1. Have you previously been employed as a bus driver?	Yes No
If 'yes', where?	
2. Have you completed a course in school bus training condu YesNo	
If 'yes' what district?	Date:
3. Have you ever been involved in a chargeable motor vehicleYesNo	e accident in which any person was injured or killed?
If 'yes' where?	Date:
4. Have you ever been convicted of a misdemeanor or felony	P Yes No
If 'yes' where?	Date:
5. Have you ever been convicted of any sex offense?	Yes No
If 'yes' where?	Date:
6. Has your driver's license ever been suspended or revoked?	
7. Have you ever incurred an industrial injury? Yes	No
If yes, nature of condition and dates:	

If yes, please explain:	3.	. Have you received any compensation for a work-	related injury?YesNo
which you are applying?       Yes       No         If yes, please describe:	]	If yes, please explain:	
EFERENCES: List the following information of your current and previous employers         Employer/Supervisor:         Address:         Phone Number:       Dates Employed:         Job Titles and Duties:         Employer/Supervisor:         Address:         Phone Number:         Dates Employed:         Job Titles and Duties:         Phone Number:         Dates Employed:         Reason for Leaving:         Job Titles and Duties:         Dates Employed:         Reason for Leaving:         Job Titles and Duties:         Phone Number:       Dates Employed:         Reason for Leaving:         Job Titles and Duties:         Phone Number:         Phone Number:         Dates Employed:         Reason for Leaving:         Phone Number:         Dates Employed:         Reason for Leaving:	•	Do you have any physical or mental impairment( which you are applying?Yes	s) that would adversely affect your ability to perform the job tasks for No
Employer/Supervisor:   Address:   Phone Number:   Casson for Leaving:   Job Titles and Duties:    Employer/Supervisor:  Address:  Phone Number:  Phone Number:  Dates Employed:  Employer/Supervisor:  Employer/Supervisor:  Dates Employed:  Dates Employed:  Employer/Supervisor:  Address:  Phone Number:  Dates Employed:  Dates Employed:  Address:	]	If yes, please describe:	
Employer/Supervisor:   Address:   Phone Number:   Dates Employed:   Job Titles and Duties:   Employer/Supervisor:   Address:   Phone Number:   Dates Employed:   Reason for Leaving:   Job Titles and Duties:   Employer/Supervisor:     Dates Employed:     Address:   Employer/Supervisor:     Dates Employed:   Address:   Phone Number:     Dates Employed:	F	EFERENCES: List the following information of vot	ur current and previous employers
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Phone Number:		Address:	
Reason for Leaving:   Job Titles and Duties:   Employer/Supervisor:   Address:   Phone Number:   Reason for Leaving:   Job Titles and Duties:   Employer/Supervisor:   Address:   Phone Number:   Dates Employed:   Phone Number:   Dates Employed:		Phone Number:	Dates Employed:
Employer/Supervisor:   Address:   Phone Number:   Dates Employed:   Reason for Leaving:   Job Titles and Duties:   Employer/Supervisor:   Address:   Phone Number:   Dates Employed:   Dates Employed:   Dates Employed:		Reason for Leaving:	
Address:   Phone Number:   Contraction   Dates Employed:   Contraction   Dates Employed:   Contraction   Phone Number:   Contraction   Dates Employed:   Contraction   Dates Employed:   Contraction		Job Thies and Duties.	
Address:   Phone Number:   Contraction   Dates Employed:   Contraction   Dates Employed:   Contraction   Phone Number:   Contraction   Dates Employed:   Contraction   Dates Employed:   Contraction		Employer/Supervisor:	
Phone Number: Dates Employed:   Reason for Leaving:   Job Titles and Duties:   Employer/Supervisor:   Address:   Phone Number:   Reason for Leaving:		Address:	
Job Titles and Duttes:		Phone Number:	Dates Employed:
Employer/Supervisor:		Reason for Leaving:	
Address: Phone Number: Dates Employed: Reason for Leaving:		Job Trues and Duties:	
Phone Number:          Reason for Leaving:		Employer/Supervisor:	
Reason for Leaving:			
Keason for Leaving:		Phone Number:	Dates Employed:
		Reason for Leaving:	

If selected as a bus driver, I agree to keep informed at all times of traffic rules and state and district rules; to observe such rules; and to attend any school bus driver training course sponsored by the state or school district. I also understand the school bus will conduct a driver record check and may complete a criminal background check on applicants to drive a school bus.

*NOTE:* The information given on this application is true and correct to the best of my knowledge and belief. I understand that any false information may invalidate the applicant's employment contract.

**Signature of Applicant** 

Date

## **APPLICATION VALID ONE (1) YEAR FROM DATE OF RECIEPT**

Equal Opportunity Employer: The Corinth School District does not discriminate on the basis of race, sex, gender, religion, disabilities, or national origin.