



## APPLICATION FOR SCHOOL BUS SERVICE CONTRACT

1. NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                   P.O. Box                      Town/Village                      Province                      Postal Code

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

2. Ever driven a school bus?                      YES                       NO                       Year Class 2 Aquired: \_\_\_\_\_

How long? \_\_\_\_\_                      Where? \_\_\_\_\_                      for Whom? \_\_\_\_\_

Other Driving Experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Owned a School Bus?                      YES                       NO

How many? \_\_\_\_\_                      No. of Years? \_\_\_\_\_                      Where? \_\_\_\_\_

4. Are you fully aware of your obligations under a School Bus Service Contract?    YES                       NO

Which of the following do you possess?

GST	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NSC	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WCB	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Safety Fitness Certificate	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you intend to drive a school bus, are you aware of any medical problems which may affect your driving?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. If awarded a School Bus Service Contract, Regular Driver of the school bus route will be:

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                   P.O. Box                      Town/Village                      Province                      Postal Code

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

Applicant holds valid driver's license (Class 2/1)?      YES         NO  

**LICENCE NO.:** \_\_\_\_\_ **LICENCE CLASS:** \_\_\_\_\_ **YEAR CLASS 5AQUIRED:** \_\_\_\_\_

**CERTIFICATES:** (a copy of all certificates and training must be attached to application and placed on driver file).

Pre Employment (Online) "S" Endorsement: \_\_\_\_\_ (date issued)

Complete "S" Endorsement Certification: \_\_\_\_\_ (date issued)

First Aid Course: \_\_\_\_\_ (expiry date)

Driver Abstract: \_\_\_\_\_ (date issued)

Functional Assessment: \_\_\_\_\_ (date completed)

Criminal Records/Child Welfare Check: \_\_\_\_\_ (date issued – new drivers must be current within 6 months)

6. If awarded a School Bus Service Contract, Spare Driver of the school bus route will be:

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

P.O. Box                      Town/Village                      Province                      Postal Code

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

Applicant holds valid driver's license (Class 2/1)?      YES         NO  

Will Spare Driver be driving more than 20 days per year?      YES         NO  

**LICENCE NO.:** \_\_\_\_\_ **LICENCE CLASS:** \_\_\_\_\_ **YEAR CLASS 5AQUIRED:** \_\_\_\_\_

**CERTIFICATES:** (a copy of all certificates and training must be attached to application and placed on driver file).

Pre Employment (Online) "S" Endorsement: \_\_\_\_\_ (date issued)

Complete "S" Endorsement Certification: \_\_\_\_\_ (date issued)

First Aid Course: \_\_\_\_\_ (expiry date)

Driver Abstract: \_\_\_\_\_ (date issued)

Functional Assessment: \_\_\_\_\_ (date completed)

Criminal Records/Child Welfare Check: \_\_\_\_\_ (date issued – new drivers must be current within 6 months)

7. Are you presently employed?      YES         NO  

BY WHOM? \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

P.O. Box                      Town/Village                      Province                      Postal Code

TYPE OF WORK: \_\_\_\_\_

8. REFERENCES:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
P.O. Box                      Town/Village                      Province                      Postal Code

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
P.O. Box                      Town/Village                      Province                      Postal Code

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
P.O. Box                      Town/Village                      Province                      Postal Code

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

Please attach written references if you have any.

9. If you are the successful applicant, what year and capacity of school bus do you propose to place on the bus route?

YEAR: \_\_\_\_\_ CAPACITY: \_\_\_\_\_

Signed at \_\_\_\_\_, Alberta, this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_

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<b>For Office Use Only</b>	
Points Earned Based on Evaluation Criteria: _____	
Successful Applicant:    YES <input type="checkbox"/> NO <input type="checkbox"/>	Board Motion: _____
_____ Director of Transportation	_____ Date