



BUFFALO TRAIL PUBLIC SCHOOLS
APPLICATION TO DRIVE A SCHOOL BUS
Copy to be sent to Director of Transportation

NAME: _____ **PHONE #:** _____

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

BIRTHDATE: _____ **AGE:** _____
Day Month Year

LICENCE NO.: _____ **LICENCE CLASS:** _____ **YEAR CLASS 1/2 AQUIRED:** _____

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)

Completed MELT 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)

National Safety Code Annual Training: _____ (date completed)

Confidentiality Oath: _____ (date completed)

3 YEAR EMPLOYMENT HISTORY:

EMPLOYER: _____

DATES: _____

DUTIES : _____

EMPLOYER : _____

DATES : _____

DUTIES : _____

EMPLOYER : _____

DATES: _____

DUTIES: _____

DRIVING EXPERIENCE:

NAME OF BUS OWNER: _____

PERMANENT: _____ PART-TIME: _____

REFERENCES:

1. _____
Name Address Phone #

2. _____
Name Address Phone #

3. _____
Name Address Phone #

Signature Date

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To be Completed by Contractor/Principal or School Safety Officer (for school owned buses)

I verify that this applicant has met the qualifications as outlined in Admin Procedures 701.6AP and I support the approval of this application.

Contractor/Principal or School Safety Officer

Date