Each person who applies to be a bus driver must provide the following information at the time of application. Note: Bus drivers must pass a physical examination and drug test.

An Equal Opportunity Employer

Personal Data

Name	Phone number			
Hours available for work	Driver's license number	Type		
Do you have a Texas School Bu	s Driver Training Certificate?	☐ Yes ☐ No		
Have you ever had a driver's lice	ense suspended, revoked, or cancelled?	☐ Yes ☐ No		
If you answered yes, explain				
	or proceedings pending against you?			
If you answered yes, explain				
Have you ever been convicted o	f, pled guilty or no contest (nolo contendre) to, o	or received		
probation, suspension, or deferre	ed adjudication for any traffic violation?	☐ Yes ☐ No		
If yes, state where, when, and	d the nature of the offense			
	Failed an employer's alcohol or drug test?			



Driving Experience

Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on another sheet if necessary.

Employer address and phone	Kind of work	Dates employed	Reason for leaving

Verification

I hereby affirm that all the information provided in this application is true and accurate to the best of my knowledge and I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand that the district is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application and required by Texas Education Code §22.0833 and Transportation Code §521.022 (f) to conduct a criminal history record check.

Furthermore, I authorize the information I've provided to be used; authorize previous employers to be contacted for investigative purposes; and release all parties from any liability for damage that may result from furnishing information to you.

Signature	Date	



P.O. BOX 430, MERKEL, TEXAS 79536 AREA CODE 325-928-5813

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

CONFIDENTIAL*

THE MERKEL INDEPENDENT SCHOOL DISTRICT IS REQUIRED BY STATE LAW TO OBTAIN CRIMINAL HISTORY RECORD INFORMATION ON APPLICANTS THE DISTRICT INTENDS TO EMPLOY EITHER ON A FULL-TIME, PART-TIME, OR SUBSTITUTE BASIS, (ACCORDING TO Texas Education Code §22.083 and Senate Bill 9). THE INFORMATION REQUESTED BELOW IS NECESSARY TO OBTAIN CRIMINAL HISTORY AND FINGER PRINTING RECORD INFORMATION.

PLEASE	PRINT.				
NAME_					
	LAST		FIRST		MIDDLE
SOCIAL SECURITY NUMBER			DATE OF BIRTH		
SEX	MALE	FEMALE	ETHNICITY:	BLACK	WHITE/OTHER
NOT BE THE PUR	USED TO DETER RPOSE OF OBTA	MINE ELIGIBILT INING THE ABOV MY RESPONSIB		NT BUT WILL BE ORMATION.	EX, ETHNICITY WILL USED SOLELY FOR RE REQUIRED TO
SIGNAT	URE				
DATE					

