

**APPLICATION FOR
SCHOOL BUS DRIVER'S CERTIFICATE**

Please print or type

Date: _____

Name: _____ Age: _____

Address _____
Number & Street City & State Zip

Do you have a valid Ohio Bus Driver's License? _____ Date Issued: _____

Driver License No.: _____

EMPLOYMENT

Name of School District: _____

Have you signed a transportation contract with the Board of Education? _____

EXPERIENCE

How long have you driven motor vehicles? _____

How long have you driven school buses? _____

Where? _____ When? _____

Have you been involved in a school bus accident within the last two years? _____

If so, describe briefly: _____

OPERATION

Will you observe all state laws pertaining to the operation of motor vehicles on the highways? _____ Will you make certain that the bus is in safe operating condition at all times? _____ Will you agree to keep the bus clean and sanitary? _____ Will you agree to maintain discipline among passengers at all times? _____

OATH

I solemnly swear that the answers set forth in the foregoing application are true to the best of my knowledge and belief.

Signature of Driver