

Bus Driver Application

Cincinnati Christian Schools

7474 Morris Road * Fairfield, Ohio * 45011

513-892-8500 fax: 513-892-0516 website: www.cincinnatichristian.org

Please type or print using ink and return to:

Mrs. Peggy Head, Transportation Coordinator

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Personal Information:

Date of Birth: ____/____/____ Place of Birth: _____

Citizenship: _____

Marital Status: Single Married Widowed Separated Divorced Remarried

Spouse's Name: _____ Date of Birth: ____/____/____

Children's Name: _____ Age: ____ Grade: ____

_____ Age: ____ Grade: ____

_____ Age: ____ Grade: ____

Spiritual Background Information:

State briefly your personal relationship to Jesus Christ: _____

Denominational Preference? _____

Church Presently Attending? _____

Active Member? Yes No Pastor's Name: _____

Educational Information:

	Name	Location	Dates Attended	Grad Date	Degree	Major/Minor
High School						
College						
College						

Driving Experience:

- I have a CDL License - with - Class B Class C Airbrakes
 I would like to train for/acquire a CDL License

Total years driving a bus: _____ Driving Availability: Daytime/Field Trips
 Evening/Sporting Events

Name(s) of Employers whom we can contact for a reference:

Employer: _____ Contact Person: _____
 Phone #: _____ Period of Employment: _____

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 Phone #: _____ Period of Employment: _____

Have you ever failed to be rehired? Yes No If yes, reason why: _____

Applicant Signature: _____

Date: _____

<u>For Office Use Only:</u> Contact Date:	Interview scheduled: Date: Time:	Comments:
	Location:	Signature: