



# Mecklenburg County Public Schools

P.O. Box 190 Boydton, VA 23917



Please Mark All That Apply:

- Bus Driver
- Car Driver
- Monitor

## Transportation Application

\_\_\_\_\_  
 Today's Date

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Full Name

\_\_\_\_\_  
 Age

Male/Female  
 Circle One

\_\_\_\_\_  
 Social Security #

\_\_\_\_\_  
 Present Physical Address

\_\_\_\_\_  
 City/County

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip-Code

\_\_\_\_\_  
 Present Mailing Address (If Different)

\_\_\_\_\_  
 City/County

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip-Code

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Work Phone

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 E-mail Address

\_\_\_\_\_  
 Years of Education / /  
Grade School    High School    College

<b>Please Mark the Following Below:</b>	<b>Yes</b>	<b>No</b>	<b>Explain</b>
Any Physical Impairments?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do You Use Intoxicants?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do You Use Drugs?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Agree to Cooperate with All School Authorities?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employed Elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Please List Two Character References (References Cannot Be of Relation to the Applicant)**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Phone

**Application Continued On the Other Side**

**MECKLENBURG COUNTY PUBLIC SCHOOL SYSTEM DOES NOT DISCRIMINATE ON THE BASIS OF AGE, COLOR, NATIONAL ORIGIN, RACE, RELIGION, SEX OR HANDICAPPING CONDITION IN EDUCATION AND EMPLOYMENT.**



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## Transportation Application

*School Bus Driver & Car Driver Applicants Only*

Years of Driving Experience \_\_\_\_\_

Driver License Info:

Driver's License # \_\_\_\_\_

Class \_\_\_\_\_

Endorsements \_\_\_\_\_

Restrictions \_\_\_\_\_

**Please Mark the Following Below:**

**Yes**

**No**

**Explain**(May Use Another Piece of Paper)

Any Type of Vehicle Accident in the

Last Five Years?

License Ever Been Suspended or

Revoked?

Been Arrested for a Traffic Violation in

the Last Five Years?

Have You Given Serious Thought to the

Responsibilities of a School Bus Driver?

Agree to Obey All Traffic Laws, School

Board Rules and Regulations?

Agree to Submit All Reports Accurately

and On Time as Requested?

I HEREBY GIVE MY CONSENT FOR THE DIVISION OF MOTOR VEHICLES (DMV) TO RELEASE A COPY OF MY DRIVING RECORD TO THE MECKLENBURG COUNTY SCHOOL BOARD FOR THE PURPOSE OF CONSIDERATION OF EMPLOYMENT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TO THE BEST OF MY KNOWLEDGE THE ANSWERS ABOVE ARE COMPLETE AND CORRECT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### Additional Information

Do you have a valid driver's license?  Yes  No License # \_\_\_\_\_ State \_\_\_\_\_

For purposes of compliance with Section 40.1-11.1 of the code of Virginia, entitled "Employment of Illegal Immigrants," please state whether you are legally eligible for

employment in the United States.  Yes  No

*(You are legally eligible for employment if you are a United States citizen or if you have an appropriate permit to work in the United States issued by the U.S. Department of Labor.)*

Have you ever been arrested for any violation of law other than a minor traffic violation?

Yes  No

Have you ever had a finding of child abuse or neglect determined against you?

Yes  No

Have you ever been convicted of any offense involving the sexual molestation, physical, or sexual abuse or rape of a child?  Yes  No

If the answer is Yes to any of the above questions, please give full explanation.

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Have you ever been discharged or requested to resign a position?  Yes  No

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# **Mecklenburg County Public Schools**

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## **Transportation Application**

### **Additional Information (cont.)**

My signature below authorizes the school division to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include information as to criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information and without limitation hereby release the school division and the reference source from any liability in connection with its release of use. This release includes the source cited above and specific examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions is maintained, information from the Virginia or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school division.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

EB.003

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## **Transportation Application**

### **COMMONWEALTH OF VIRGINIA STATE BOARD OF EDUCATION**

(Statement required by Section 22.1-178.3 of the Code of Virginia)

Date: \_\_\_\_\_

Superintendent: Mr. Paul Nichols

Transportation Director: Mr. Bill Mayhew

County/City: Mecklenburg County Public Schools

This is to certify that \_\_\_\_\_, who is an applicant for a job as a school bus driver, is known by me, to be a person of good moral character.

#### **Information of the person providing the statement**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

EB.003

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## **Transportation Application COMMONWEALTH OF VIRGINIA STATE BOARD OF EDUCATION**

(Statement required by Section 22.1-178.3 of the Code of Virginia)

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Signature: \_\_\_\_\_