
**SCHOOL BUS DRIVER'S
APPLICATION FOR EMPLOYMENT
MERIDIAN TECHNOLOGY CENTER
1312 South Sangre Road
Stillwater, OK 74074-1899
405/377-3333**

(Return to the Personnel Department)

An Equal Opportunity Employer:

It is the policy of Meridian Technology Center to provide equal opportunities without regard to race, color, religion, origin, gender, age, marital or veteran status, or disability in its education programs, activities, admissions, services, financial aid and employment.

Instructions:

1. Please complete all information requested. Information will be considered confidential.
2. If an item does not apply, please write the letters N/A for "not applicable."

(This application will remain in our active file for at least one year unless otherwise notified.)

DATE: _____

PERSONAL DATA:

Name _____ Social Security No. _____
(last) (first) (middle) (optional)

Address _____ How Long? _____
(street or box no.) (city) (state) (zip)

Previous address _____ How Long? _____
(street or box no.) (city) (state) (zip)

Home phone (_____) _____ Business phone (_____) _____

Cell phone (_____) _____ E-mail Address _____

Are you authorized to work in the U.S. on an unrestricted basis? Yes _____ No _____

Date of Birth _____ Can you provide proof of age? Yes _____ No _____
(required for bus drivers)

Have you previously filed an application with Meridian Technology Center? Yes _____ No _____

Have you ever been employed by Meridian Technology Center? Yes _____ No _____

If so, when and in what capacity? _____
(year) (job title)

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish: _____

EDUCATION AND TRAINING

Circle highest grade completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Vehicle accident record for past 3 years or more:

Last accident:

_____	_____	_____
Date	Nature of accident (head-on, rear-end, etc.)	Fatalities/Injuries

Next previous:

_____	_____	_____
Date	Nature of accident (head-on, rear-end, etc.)	Fatalities/Injuries

Next previous:

_____	_____	_____
Date	Nature of accident (head-on, rear-end, etc.)	Fatalities/Injuries

Traffic convictions and forfeitures for the past 3 years (other than parking violations):

_____	_____	_____	_____
Location	Date	Charge	Penalty
_____	_____	_____	_____
Location	Date	Charge	Penalty
_____	_____	_____	_____
Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS

Driver Licenses:

_____	_____	_____	_____
State	License No.	Type	Expiration date
_____	_____	_____	_____
State	License No.	Type	Expiration date
_____	_____	_____	_____
State	License No.	Type	Expiration date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any of your license, permit, or privilege ever been suspended or revoked? Yes No

If the answer to either of the above is yes, attach statement giving details

Show special courses or training that will help you as a bus driver: _____

EMPLOYMENT HISTORY

List employers in reverse order starting with the most recent.

Present Employer _____
Company Phone

Address _____

Position Held _____ From _____ To _____

Duties and Responsibilities _____

Name and Title of Supervisor _____

Reason for Leaving _____

Starting Salary _____ Ending Salary _____

Previous Employer _____
Company Phone

Address _____

Position Held _____ From _____ To _____

Duties and Responsibilities _____

Name and Title of Supervisor _____

Reason for Leaving _____

Starting Salary _____ Ending Salary _____

Previous Employer _____
Company Phone

Address _____

Position Held _____ From _____ To _____

Duties and Responsibilities _____

Name and Title of Supervisor _____

Reason for Leaving _____

Starting Salary _____ Ending Salary _____

Previous Employer _____
Company Phone

Address _____

Position Held _____ From _____ To _____

Duties and Responsibilities _____

Name and Title of Supervisor _____

Reason for Leaving _____

Starting Salary _____ Ending Salary _____

We may contact the employers listed on the previous page unless you indicate below those you do not want us to contact:

DO NOT CONTACT:

Employer _____

Reason _____

Employer _____

Reason _____

Show any transportation or other experiences that may help in your work for Meridian Technology Center

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release Meridian Technology Center, its employees, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I also understand that I will be required to abide by all Meridian Technology Center's Policies and Procedures.

Date

Applicant's Signature