

**PAMLICO COUNTY SCHOOLS
SCHOOL BUS DRIVER APPLICATION**

Name (as on license): _____

Address: _____

Telephone: Home _____ **Business** _____

Date of Birth: _____

Town or community in which you reside: (Please specify *location of residence*)

Have you been convicted of a moving violation in the past twelve months? _____

Drivers License Number: _____

Have you ever had a North Carolina School Bus License? _____

If so, When? _____ **What County?** _____

If you have a school bus license, when does it expire? _____

Please comment regarding your availability as a driver or any problems that you might experience with transportation to and from bus location.

I UNDERSTAND THAT PAMLICO COUNTY SCHOOLS RESERVES THE RIGHT TO TEST EMPLOYEES AND PROSPECTIVE EMPLOYEES IN ORDER TO DETECT ALCOHOL AND/OR DRUG USE.

I acknowledge receipt of the Pamlico County Board of Education policy Drug-Free Workplace. I have read and am familiar with the drug testing program in the Pamlico County school system.

SIGNATURE OF APPLICANT _____

Date: _____

Thank you for your interest and desire to assist. You will be notified of the date, time and location of classes. Please file a copy of your CDL with our office when you receive it.