

APPLICATION FOR  
**BUS DRIVER**

CLAIBORNE COUNTY BOARD OF EDUCATION  
1403 TAZEWELL ROAD  
P.O. BOX 179  
TAZEWELL, TENNESSEE 37879  
Telephone: 423-626-3543  
Fax: 423-626-5945

Name: \_\_\_\_\_  
                                    Last                                    First                                    Middle                                    Maiden

Address: \_\_\_\_\_  
                                    Street                                    City                                    ST                                    ZIP

Phone # (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date Available for Employment: \_\_\_\_\_

CDL License Number: \_\_\_\_\_

Number of Years Driving Experience and Type of Vehicle: \_\_\_\_\_

**EDUCATION**

School Name	Address	Year Graduated

**EXPERIENCE**

Employer	Dates	Position Held

**REFERENCES**

Name	Occupation	Phone Number

All initial employees will be required to have an annual physical examination.

**PLEASE COMPLETE THE BACK OF THIS APPLICATION**

\*\*\*APPLICATIONS REMAIN ON FILE FOR TWO YEARS\*\*\*

**Mission: Equal Access to and Promotion of Educational Excellence**

Claiborne County Schools do not discriminate on the basis of race, sex, color, religion, age, veteran status or disability in provision of education programs and services or employment opportunities and benefits in pursuant to the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and other state and federal laws.

**APPLICANT STATEMENT**

I certify that all statements made in this application are true and complete, and that any intentional misstatements of material facts will subject me to disqualification or dismissal. In submitting this application for employment, I authorize an investigation of all statements contained herein.

I further certify that I (\_\_\_\_\_ have \_\_\_\_\_ have not) been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence, or insubordination as defined in Tennessee Code Annotated Section 49-5-501. (If "have" is indicated, explain fully the details of each instance of conduct on a separate sheet of paper. The employer's non-renewal of a yearly contract need not be indicated unless the non-renewal was based on one of the factors listed above.)

I understand that any intentional misrepresentation of any of these certifications may subject me to the penalties prescribed in Tennessee Code Annotated Section 49-5-406.

Legal Name (printed): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Official employment contingent upon acceptable TBI/FBI background check.***

<b>---FOR OFFICE USE ONLY---</b>			
References Checked By	_____		
Background Check Clear	<b>YES</b>	<b>NO</b>	Date of Background Clearance _____
Valid CDL	<b>YES</b>	<b>NO</b>	
Date of Physical Exam	_____		
Interview Date	_____	Interviewed By	_____
Hire Date	_____	Bus # (Full Time Only)	_____