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| ACS1 | **Application for classified Position**Bus Driver/Bus Aide**AUBURN CITY BOARD OF EDUCATION** 855 East Samford Avenue, P.O. Box 3270Auburn, Alabama 36831-3270(334) 887-2100 FAX (334) 887-2107 |

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|  DATE OF APPLICATION: |

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| THIS INFORMATION IS REQUESTED FOR REPORTING PURPOSES:RACE (CHECK ONE):\_\_\_\_\_\_\_ WHITE \_\_\_\_\_\_\_ AMERICAN INDIAN \_\_\_\_\_\_\_ BLACK \_\_\_\_\_\_\_ ASIAN \_\_\_\_\_\_\_ HISPANIC \_\_\_\_\_\_\_ OTHERSEX (CHECK ONE): SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEMALE \_\_\_\_\_\_\_ MALE EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name Middle Last Name |
| CURRENT ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip |
| PERMANENT ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If different) Street City State Zip  |
| TELEPHONE WHERE YOU CAN BE REACHED: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  |  **HIGH SCHOOL** |  **UNDERGRADUATE/TECHNICAL** **COLLEGE/UNIVERSITY** |  **GRADUATE/** **PROFESSIONAL** |
| **School Name** **(Fill in please)** |  |  |  |
| **Circle Highest Year Completed** |  9 |  10 |  11 |  12 |  1 |  2 |  3 |  4 |  1 |  2 |  3 |  4 |
| **Diploma/Degree** **(Fill in please)** |  |  |  |
| **Describe Course of Study.** |  |  |  |
| Describe any specialized training and skills.  |

 **EMPLOYMENT EXPERIENCE** (Please begin with the most current employer)

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| --- | --- |
| Employer  |  Dates EmployedFROM TO |
| Supervisor |  WORK PERFORMED |
| Address |  |
| Telephone Number(s) |  |
| Job Title |  |
| Reason for Leaving |  |

 Do you give permission for us to contact this employer or supervisor? Yes  No 

|  |  |
| --- | --- |
| Employer  |  Dates EmployedFROM TO  |
| Supervisor |  WORK PERFORMED |
| Address |  |
| Telephone Number(s) |  |
| Job Title |  |
| Reason for Leaving |  |

 Do you give permission for us to contact this employer or supervisor? Yes  No 

 If you need additional space, please continue on a separate sheet of paper.

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| Have you ever been convicted of or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation? If you answer “yes,” a description of the crime and particulars of the conviction must be submitted. YES  NO  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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 The Human Resources Office is located at: 855 E. Samford Avenue

 Auburn, Alabama 36830

 (334) 887-2100

I have read this information carefully and certify that the information I have given on this application is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, or medical history and other related matters as may be necessary in arriving at a decision to allow me to volunteer. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. I further

understand that falsification of any part of this application shall be cause for rejection of application or dismissal should I be allowed to volunteer.

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 Signature Date