



EXPRESSION OF INTEREST

SUBSTITUTE BUS DRIVER and/or SCHOOL BUS DRIVER CLASS

				PERSONAL INFORMATION				
first name		middle initial		last name				
address			city		zip code			

				CONTACT INFORMATION				
cell phone		home phone			circle preference:		CELL	HOME
email:								

Please answer the following questions:

1. Have you ever been convicted of a misdemeanor?	<input type="checkbox"/> yes	<input type="checkbox"/> no
2. Have you ever been convicted of a felony?	<input type="checkbox"/> yes	<input type="checkbox"/> no
3. Are you related to any present employee of this District?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4. Do you object to having your present employer contacted?	<input type="checkbox"/> yes	<input type="checkbox"/> no
5. Do you object to having your former employers contacted?	<input type="checkbox"/> yes	<input type="checkbox"/> no
6. Will you, after employment, submit verification of your legal right to work in the United States?	<input type="checkbox"/> yes	<input type="checkbox"/> no
7. Have you ever been a member of the CA Public Employees Retirement System (CalPERS)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
8. Are you skilled in a language other than English? If so, please indicate:		

EDUCATION	
List High School, College or University, Business or Trade School, etc.	
Name:	City/State:
From / To:	Degree/Certificate or # of units:

Name:	City/State:
From / To:	Degree/Certificate or # of units:

Other Qualifications (related to school bus driving)

(continued on other side)

				For Office Use Only				
<input type="checkbox"/> Copy of Driver's License		<input type="checkbox"/> Copy of H6		<input type="checkbox"/> Résumé attached (not required)				
<input type="checkbox"/> Copy of CA Special Driver Certificate (if applicable)				<input type="checkbox"/> Copies of DL 51A, First Aid Card (if applicable)				

WORK EXPERIENCE

List your last four jobs. Begin with the most recent.

Employer:	Job Title:
Address:	Supervisor:
City, ST, Zip	From / To:
Phone:	Reason for Leaving:
Description of Duties:	

Employer:	Job Title:
Address:	Supervisor:
City, ST, Zip	From / To:
Phone:	Reason for Leaving:
Description of Duties:	

Employer:	Job Title:
Address:	Supervisor:
City, ST, Zip	From / To:
Phone:	Reason for Leaving:
Description of Duties:	

Employer:	Job Title:
Address:	Supervisor:
City, ST, Zip	From / To:
Phone:	Reason for Leaving:
Description of Duties:	

The information that I have provided on this form is accurate to the best of my knowledge and subject to validation by the Orange Unified School District.
I understand and agree that any material misrepresentation or deliberate omission of a fact may be justification for refusal, or termination of training.

Signature:

Date: