



**BIG SKY SCHOOL DISTRICT #72**

P.O. Box 161280

45465 Gallatin Rd.

Big Sky, MT 59716

(406)995-4281 ext. 218, Fax: (406) 995-2161

**APPLICATION FOR BUS DRIVER POSITION**

1. Name in Full: \_\_\_\_\_  
(Last) (First) (Middle)

2. Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ email: \_\_\_\_\_ Social Security # (Last 4) \_\_\_\_\_

3. Education: Fill in this section completely, including dates:

Name of School	City & State	Dates Attended	Diploma Grade Completed
High School			
College/University			
Technical School			

4. Personal References of a non-relative known for at least 5 years: (name, address, and phone #)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**Driver's License #** \_\_\_\_\_

Endorsements: \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Are you current in?**

First Aid \_\_\_Yes \_\_\_No

Expiration Date \_\_\_\_\_

CPR \_\_\_Yes \_\_\_No

Expiration Date \_\_\_\_\_

DOT physical: \_\_\_Yes \_\_\_No

Expiration Date \_\_\_\_\_

Have you ever had a verified positive drug test? \_\_\_Yes \_\_\_No

Have you ever had an alcohol test with a result of 0.04 or higher alcohol? \_\_\_Yes \_\_\_No

Have you ever refused a drug/alcohol test? \_\_\_Yes \_\_\_No

If you answered yes to any of the above questions please explain: \_\_\_\_\_



**JOB EXPERIENCE**

Employer's Name \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Dates of Employment \_\_\_\_\_

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Employer's Name \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Dates of Employment \_\_\_\_\_

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Employer's Name \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Dates of Employment \_\_\_\_\_

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Employer's Name \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Dates of Employment \_\_\_\_\_

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Employer's Name \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Dates of Employment \_\_\_\_\_

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Employer's Name \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Dates of Employment \_\_\_\_\_

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Have you ever been discharged? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

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**Driving Record**

**Accident Record**

Please list all accidents within the past 5 years. If none, write NONE.

City	State	Date	Nature of accident (head-on, rear-end,etc)	Type of Vehicle	Fatalities	Injuries

**Traffic Convictions**

Please list all citations/convictions within the last 5 years. If none, write NONE

City	State	Date	Charge	Penalty

Are you related to a school board member of School District #72 \_\_\_\_\_YES \_\_\_\_\_ NO

**EMPLOYMENT PREFERENCE FORM**

To claim preference under the Montana Veterans’ Employment Preference Act, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference.

Veterans’ Employment Preference provides the addition of 5% points or 10% points to the applicant’s score when a numerically scored selection procedure is used. To claim Veterans’ Employment Preference you must be a U.S. Citizen and (check one of the boxes below):

\_\_\_ A Veteran, if

You have been separated under honorable conditions, AND

You have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

\_\_\_ A Disabled Veteran, if

You have been separated under honorable conditions from active duty, AND

You have an established Armed Forces service-connected disability OR are receiving compensation, disability retirement benefits, or pension from the US Department of Veterans Affairs or military department, OR you have received a Purple Heart.

\_\_\_ The spouse of a disabled veteran if the veteran’s disability prevents him/her from working.

\_\_\_ The mother of a veteran, if

THE VETERAN died under honorable conditions while serving in the Armed Forces, OR THE VETERAN has a service-connected, permanent, and total disability, AND

YOUR SPOUSE is totally and permanently disabled, OR YOU are the un-remarried widow of the father of the veteran.

In the boxes below, check the attachment you must present at interview in order to document the preference request.

\_\_\_ DD-214 \_\_\_ Other

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES OF AMERICA? \_\_\_ YES \_\_\_ NO

I HEREBY CERTIFY THAT (check the applicable box and provide the information requested):

\_\_\_ I have not pleaded guilty to or have been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/no contest. (minor traffic offenses excepted).

\_\_\_ I have pleaded guilty to or have been convicted of at least one violation of criminal law. (This may not necessarily disqualify a person from consideration for employment).

**AUTHORIZATION AND RELEASE**

I HEREBY CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION AND ALL RELATED INFORMATION WHICH I HAVE PROVIDED ARE TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I understand that omission or misrepresentation of material fact may result in refusal of or separation from employment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I EXPRESSLY AUTHORIZE THE RELEASE TO THE BIG SKY SCHOOL DISTRICT #72 ANY RECORDS OR INFORMATION WHICH MAY REFER OR RELATE TO THIS APPLICATION FOR EMPLOYMENT, INCLUDING, BUT NOT LIMITED TO, RECORDS OF EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT OR CRIMINAL JUSTICE AGENCIES, AGENCIES MAINTAINING CHILD ABUSE RECORDS, AND PREVIOUS EMPLOYERS. I HEREBY RELEASE AND DISCHARGE BIG SKY SCHOOL DISTRICT #72 AND ANY RESPONSIBLE PERSON(S) EMPLOYED BY BIG SKY SCHOOL DISTRICT #72 FROM ANY AND ALL CLAIMS AND LIABILITY WHICH I MAY HAVE OR EVER CLAIM TO HAVE RELATING TO INFORMATION PROVIDED TO THE EDUCATIONAL AGENCY AS PART OF THIS APPLICATION FOR EMPLOYMENT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER: EMPLOYMENT CONTINGENT UPON CLEARANCE OF BACKGROUND CHECK**