



PRAIRIE ROSE SCHOOL DIVISION

BUS DRIVER APPLICANT INFORMATION FORM

This personal information is being collected under and will be used for recruitment and selection purposes. The Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act protect it. If you have any questions about the collection, contact Rhonda Smith, Secretary-Treasurer, 45 Main St. S, Carman, MB R0G 0J0, telephone 204 745 2003.

Date of Application _____

PERSONAL/EMPLOYMENT INFORMATION

Name _____

Address _____

Phone No. _____ Additional phone: _____ Email: _____

Are you legally entitled to work in Canada? Yes No

Have you been employed by the Division before? Yes No

If yes: Year(s) _____ Position(s) _____

Year(s) _____ Position(s) _____

What languages do you speak? English French Other: _____

read? English French Other: _____

write? English French Other: _____

Please check areas for which you wish to work:

Region A	Region B	Region C
Carman area <input type="checkbox"/>	St. Eustache area <input type="checkbox"/>	St. Laurent area <input type="checkbox"/>
Elm Creek area <input type="checkbox"/>	St. Francois Xavier area <input type="checkbox"/>	
Miami area <input type="checkbox"/>	Elie area <input type="checkbox"/>	
Roland area <input type="checkbox"/>		

Days available for duty? Mon. Tues. Wed. Thurs. Fri. Anytime

DRIVING INFORMATION (a copy of your driving record is required. Available from the Motor Vehicle Branch)

Current Driver's License: Class 1 Class 2 Class 3 Class 4

Class 5 Class 6 Class 7

Have you had any type of vehicle accidents in the past 3 years? Yes No

If yes, approximate dates: _____

Has your driver's license ever been suspended or revoked? Yes No

Do you use drugs that may affect your driving? Yes No

Explain: _____

If your application is accepted, are you willing to take the following:

Driver's Test Defensive Driving Course St. John's Ambulance

EDUCATION (Please include a photocopy of marks transcript and/or degree certificate)

Type of School	Location(Name)	No. of Years	Year Graduated	Standing Attained
Secondary	_____	_____	_____	_____
University	_____	_____	_____	_____
Post Graduate	_____	_____	_____	_____
Technical or Business	_____	_____	_____	_____
Additional comments/identification of specialized training or certification obtained: _____				

EMPLOYMENT HISTORY

Dates Employed	Name of Employer	Position held	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Additional comments: _____			

REFERENCES Please provide the names and addresses of at least three people whom we may contact with regard to your application. If possible, select people qualified to comment on your abilities.

Name	Position	Email Address	Telephone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Training and Experience:

Particulars of your active participation in extra-curricular, cultural community activities:

Please Read Carefully – Applicant’s Certification and Agreement

By signing this application; I, _____ (please print) , certify that all statements made are true and complete to the best of my knowledge and belief. I understand that any false information may result in either no offer of employment or termination if already heard. I understand that clear criminal record and child abuse registry checks are required of all employees of the school division and it is my responsibility to provide the required checks prior to employment at my expense.

Signature of Applicant

Date

NOTE:

1. You are encouraged to attach a personal resume giving any additional information that you deem relevant to this application. You are not obligated to list anything which details characteristics protected by the *Human Rights Code*, such as ancestry, nationality, ethnic background, religion, age, sex, sexual orientation, marital status, political belief, or physical or mental disability.
2. Receipt of completed application forms will not necessarily be acknowledged.
3. Interviews will be arranged with selected candidates if and when appropriate positions arise.
4. Applications are to be renewed or updated for each year.

All PRSD employees must complete a satisfactory:

- Criminal Records check current within six months (available at your local RCMP station)
- Child Abuse Registry check current within six months ([self-check website](#) or in-house form by request from prsd@prsdmb.ca)
- PRSD Declaration Form (available on the [PRSD website](#))
- Pledge of Confidentiality (available on the [PRSD website](#))