

_____ Regular
_____ Substitute

**WIRT COUNTY BOARD OF EDUCATION
PO BOX 189
ELIZABETH WV 26143**

APPLICATION FOR SCHOOL BUS OPERATOR

Last Name	First Name	Middle
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Social Security Number _____ Telephone Number _____

Current Mailing Address _____

Previous Address (If different from address on your Operator's License

Operator's License Number _____ CDL Number _____

Have your operator's license ever been revoked? Yes _____ No _____

Number Years Driving Experience Car _____ Truck _____ Bus _____

Have you been involved in a traffic accident in the last three years? Yes _____ No _____
(All traffic violations and accidents are on file at State Police Headquarters in Charleston)

If yes, state approximate date(s) and cause(s) _____

List last two employers: _____

List three references who have first-hand knowledge of your qualifications to drive a school bus
(Include name, address, telephone number. Do not use relatives)

Equal employment opportunity will be granted to all persons, regardless of race, religion, color, sex, or national origin, and no discrimination based upon such factors will be made in the salary, promotion, demotion, transfer, or termination of any employee. You may contact the following person:

Angela Domico-Cox, Title IX Coordinator
Wirt County Schools
PO Box 189
Elizabeth WV 26143
Telephone: 275-4279