



## CLEARVIEW PUBLIC SCHOOLS SCHOOL BUS DRIVER APPLICATION

This information is collected in accordance with Sections 32, 33 and 37 of the  
Freedom of Information and Protection of Privacy Act (FOIP)

**FULL NAME:** \_\_\_\_\_  
First Surname Middle

**ADDRESS & POSTAL CODE:** \_\_\_\_\_

**LAND LOCATION OF RESIDENCE:** \_\_\_\_\_

**PHONE NUMBER:** Res.: \_\_\_\_\_ Bus.: \_\_\_\_\_

**CURRENT E-MAIL ADDRESS** \_\_\_\_\_

**Do you hold a current, valid Alberta Drivers Licence? Yes**\_\_\_\_ **No**\_\_\_\_ **If Yes – Class?** \_\_\_\_\_

### INSURANCE CLEARANCE:

**CLEARVIEW PUBLIC SCHOOLS REQUIRES DETAILS OF ANY INSURANCE CLAIMS.**

**EMPLOYMENT HISTORY:** (List your employment history for the previous three (3) years.)

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**DO YOU HAVE ANY MEDICAL/PHYSICAL DISABILITIES THAT WOULD INTERFERE WITH YOUR ABILITY TO DRIVE SCHOOL BUS?**

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**REFERENCES:** (List two references (one must be a business reference) who have agreed to act as

references and who you give us permission to contact.)

(a) NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

(b) NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**APPLICATION IS FOR:**

- (a) A SPECIFIC ROUTE FOR THE \_\_\_\_\_ AREA
- (b) ANY ROUTE FOR THE \_\_\_\_\_ AREA
- (c) A SUBSTITUTE DRIVER FOR THE \_\_\_\_\_ AREA
- (d) AN EXTRA-CURRICULAR DRIVER FOR THE \_\_\_\_\_ AREA

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**SIGNATURE OF APPLICANT**

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**DATE**

All applicants being considered for employment with the Clearview Public Schools, are required to undergo Criminal Record Disclosure, and in the case of bus drivers, disclosure of convictions under the Highway Traffic Act.

Completed documents may be faxed to (403)742-1388 or emailed to [apply@clearview.ab.ca](mailto:apply@clearview.ab.ca) or mailed to:

Clearview Public Schools  
5031 – 50 Street  
P. O. Box 1720  
Stettler, AB T0C 2L0

**Clearview Public Schools  
(Clearview School Division No. 71)**

**REFERENCE CHECK AUTHORIZATION  
AND  
CONSENT FORM**

*Clearview School Division No. 71 requires that references be contacted following the interview process. Reference checks are required of all prospective employees. Personal information is collected in accordance with the Freedom of Information and Protection of Privacy Act, the Alberta School Act, Board Policy and the Canadian Immigration Act. Please complete the following information to allow us to conduct a reference check(s).*

I, \_\_\_\_\_, give permission for the  
*(Name of candidate being checked)*

Transportation Supervisor, or designate, to perform a reference check(s) on me by contacting all or any of those persons listed as references or referees as provided for a position with Clearview Public Schools (Clearview School Division No. 71).

**SIGNATURE OF CANDIDATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_