

WICOMICO COUNTY BOARD OF EDUCATION

APPLICATION – INDEPENDENT SCHOOL BUS CONTRACTOR

PO BOX 1538

SALISBURY MD 21802-1538

PHONE: 410-677-4467; FAX: 410-677-4418

Date of Application: _____

Name: _____
Last First Middle Initial

Address: _____

Date of Birth: ____/____/____ Age: ____ Social Security Number: ____-____-____

How long have you lived at the above address: _____ Own Home? _____ Rent? _____

Present Employer: _____

Address: _____

Type of Work Done: _____ No. of years at this job: _____

If self-employed:
Name of your organization: _____

Type of Business: _____ No. of years in this business: _____

Business Address: _____ Business Phone: _____

If type of business above is not school bus operation, then:
Have you ever operated a school bus? Yes/ No Number of Years: _____

If awarded a bus contract, would you drive the bus yourself full time? Yes/No

Driver's License #: _____ Expiration Date: ____/____/____ Type: A B C D

Has your license ever been revoked? Yes/No

Has insurance ever been refused or canceled on vehicles you own because of your accident record or driver's record?
_____ If yes, explain: _____

References: Complete the following for three (3) persons who are not related to you by blood or marriage who will give character references:

	<u>NAME</u>	<u>FULL ADDRESS</u>	<u>PHONE NUMBER</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

INFORMATION GIVEN IN THIS APPLICATION IS CORRECT, AND I HEREBY GIVE PERMISSION FOR PERSONAL REFERENCES, CRIMINAL BACKGROUND CHECK AND A M.V.A. DRIVING RECORD TO BE OBTAINED. I ALSO ACKNOWLEDGE RECEIPT OF A CURRENT COPY OF A WCBOE SCHOOL BUS CONTRACT AND THE PROCEDURES FOR SELECTING INDEPENDENT SCHOOL BUS CONTRACTORS.

Signed: _____ Date: _____