

GUARDIAN SCHOOL BUS COMPANY
2779 HWY 10 SE, SAINT CLOUD, MN 56304
Employment Application



APPLICANT INFORMATION

Last Name		First Name		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone	() -	Cell Phone	() -	Social Security Number - -		
Position Applied For				Date of Birth		/ /
Drivers' License No.		State:	Class:	Endorsements:		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you lived in Minnesota for the last 5 years?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, where?		
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION

High School	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	GED <input type="checkbox"/>
Address	From		To			

REFERENCES

Please list three professional references. Do not list relatives.

Full Name	Relationship	
Company	Phone	
Address		
Full Name	Relationship	
Company	Phone	
Address		
Full Name	Relationship	
Company	Phone	
Address		

TRAFFIC VIOLATIONS AND CONVICTIONS

Please list all traffic violations other than parking tickets

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Conviction</u>

PREVIOUS EMPLOYMENT*Please list employment for the last five years.*

Company		Phone			
Address		Supervisor			
Job Title		May we contact for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Responsibilities					
Reason for Leaving		From		To	
Company		Phone			
Address		Supervisor			
Job Title		May we contact for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Responsibilities					
Reason for Leaving		From		To	
Company		Phone			
Address		Supervisor			
Job Title		May we contact for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Responsibilities					
Reason for Leaving		From		To	

DISCLAIMER AND SIGNATURE

Concerning Unemployment Compensation Claims: Pursuant to Minnesota statute 268.08 subdivisions 6 and 9, unemployment compensation benefits are not payable to employees of school districts or any persons under contract for school districts for any "week which commences during a period between two successive academic years or terms of the individual will perform the services in the second of the academic years or terms."

Certification of Information and Authorization for Release: I certify that I have read and understand the provisions of this application. And of any document which accompany this application. I hereby authorize Guardian School Bus Company to inquire and verify any information contained on this application for employment, to include a driver license check. Guardian School Bus Company shall not be held liable for any damages, which may result from such inquiry or verification.

I certify that the information furnished in or accompanying this application is true, complete, and correct. I understand and agree that any falsification, or misrepresentation, distortion, or omission with respect to such information, whether pertaining to this application or other aspects of the pre-luring process, will be sufficient reason for (1) my not being offered employment, or (2) my dismissal at any time if employed.

Offers of employment are conditional based upon passing a CDL physical, successful criminal background check (Minnesota Statute section 120.1045), and pre-employment drug screen. Applicants are also required to have a good driving record.

Release of Information:

Signature _____

Date _____