



705-324-8222 www.kawarthalakesbuslines.ca
Please email completed application to hhawkins@kawarthalakesbuslines.ca

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

SURNAME FIRST NAME MIDDLE NAME

ADDRESS APT#

CITY PROVINCE POSTAL CODE

HOME PHONE # CELL PHONE #

EMAIL ADDRESS

Please circle ALL times you are available to drive:

AM PM Charters Weekdays Weekends

DRIVING RECORD

Do you have a valid licence? _____ Class of licence? _____ Expiry Date? _____

DRIVING EXPERIENCE

TYPE OF EQUIPMENT: **YEARS OF EXPERIENCE:**
CAR _____
SCHOOL BUS _____
HIGHWAY COACH _____
OTHER (please specify) _____

ACCIDENT AND DRIVING INFRACTION HISTORY:

- 1. Have you been charged and/or convicted of a driving infraction within the last 5 years?
 YES NO Description: _____

- 2. Have you been involved in an at fault or not at fault accident within the last 5 years?
 YES NO Description: _____

APPLICANT SIGNATURE

DATED

Referred by: (if applicable)