

PLEASE NOTE: IN ORDER TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED.

TRANSPORTATION SERVICES
3831 NW 10th AVENUE
OAKLAND PARK, FL 33309
www.browardschools.com

**SCHOOL BOARD OF BROWARD COUNTY,
FLORIDA**
APPLICATION FOR
 BUS ATTENDANT **BUS OPERATOR**



IF YOU ARE CLAIMING VETERANS' PREFERENCE YOU MUST CHECK HERE: (YES)
AND ATTACH THE VETERANS' CLAIM FORM AVAILABLE AT
http://www.broward.k12.fl.us/nis/pdfs/veterans_pref.pdf AND OTHER REQUIRED DOCUMENTATION TO THIS APPLICATION.

PERSONAL INFORMATION

Last Name	First Name	Middle Name		Home Phone (include area code below)	
Permanent Address	City	State	Zip Code	Area Code	Number
Current Position, Title & Location	Other name(s) under which you have been employed:			Business Phone (include area code)	
				Area Code	Number
Email Address			Cell Phone:		

EDUCATIONAL AND PROFESSIONAL TRAINING

DEGREE AWARDED	DATE AWARDED	INSTITUTION	LOCATION (CITY & STATE)	MAJOR	MINOR

CERTIFICATIONS OR LICENSES	ISSUING AUTHORITY (STATE/BOARD)	DATE OF EXPIRATION

GENERAL INFORMATION

HAVE YOU EVER BEEN EMPLOYED BY BROWARD COUNTY SCHOOLS? Yes No

POSITION(S): _____

DATE AND REASON FOR LEAVING: _____

PLEASE LIST ANY FOREIGN LANGUAGE(S) YOU CAN SPEAK, READ, AND WRITE FLUENTLY:

SBBC Policy 4002.10 prohibits the direct supervision of an employee by a relative. Are you related to any person now employed by Broward County Schools?

Yes No If yes, state name of relative(s), relationship, and work location. _____

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EMPLOYMENT HISTORY

List your experience below starting with your most recent or present employment. Account for all periods of employment for **at least the last ten years**, and longer if there is significant experience to report. Do not include part time employment unless it was significant and job related. Use an extra sheet of paper if more space is required. A resume may be attached to supplement this information. **ALL APPLICANTS MUST COMPLETE THIS SECTION.**

NAME AND COMPLETE ADDRESS OF SCHOOL or BUSINESS	EMPLOYMENT DATES		JOB TITLE	REASON FOR LEAVING
	From: Mo./Yr.	To: Mo./Yr.		
	From: Mo./Yr.	To: Mo./Yr.		
	From: Mo./Yr.	To: Mo./Yr.		
	From: Mo./Yr.	To: Mo./Yr.		
	From: Mo./Yr.	To: Mo./Yr.		

PROFESSIONAL REFERENCES

(Must include current or most recent supervisor)

NAME OF REFERENCE and SCHOOL or BUSINESS	COMPLETE ADDRESS	PHONE/FAX#	CURRENT POSITION
Email Address:		(phone)	
		(fax)	
Email Address:		((phone)	
		(fax)	
Email Address:		((phone)	
		(fax)	

By typing my legal name below, I affirm that the statements above are true and complete to the best of my knowledge. If I misrepresent or deliberately omit a fact in this application, I may be refused employment or, if employed, I may be terminated.

(Name of Applicant)

(Date)