

Mt. Diablo Unified School District

**SCHOOL BUS DRIVER
SUPPLEMENTAL QUESTIONNAIRE**

NAME: _____

ADDRESS: _____
Street City State Zip

PHONE: _____

DRIVER'S LICENSE NO.: _____ DATE OF EXPIRATION: _____

1. Have you ever been convicted of any offense? YES NO
Note: State law requires that all applicants be fingerprinted prior to employment and may prohibit employment of any person convicted of certain offenses indicated on the attached list of requirements from Department of Motor Vehicles.

If yes; please provide explanation/remarks: *(Include date of offense)*

FAILURE TO REVEAL CONVICTIONS IS GROUNDS FOR IMMEDIATE TERMINATION.

2. Have you been cited for driving while intoxicated or under the influence of drugs, reckless driving, or been involved in an accident involving death or personal injury in the last five years? *(Your driving record must be provided.)* YES NO
3. Do you have any physical condition which might prevent you from performing the specific duties of the job? *(See attached list of Physical Qualifications from the Department of Motor Vehicles.)* YES NO
4. Would you be available for work on-call? YES NO
5. Would you be available for training during the hours of 6:00 AM and 3:00 PM daily? YES NO

NOTE:
A CURRENT 10-YEAR DMV PRINTOUT (H-6) AND 10-YEAR WORK HISTORY ARE ALSO REQUIRED. This application will not be considered without the printout, work history and this supplemental questionnaire attached.