

The information requested on this page is required by the California Highway Patrol. This document will be forwarded to them upon hire. Please sure to complete this 10-year work history in addition to the employment application work history.

NAME: _____

SSN: _____

DATE: _____

SCHOOL BUS APPLICANT: Ten-Year Work History

WORK EXPERIENCE: Begin with most recent experience and account for all time for the past 10 years.

Dates: From _____

Employer's Name

Title

To _____

Employer's Address

City

State

Zip

Total _____

Yrs. Mos.

Duties Performed

Full Time

Name of Supervisor

Telephone Number

Part Time

Reason for Leaving

Dates: From _____

Employer's Name

Title

To _____

Employer's Address

City

State

Zip

Total _____

Yrs. Mos.

Duties Performed

Full Time

Name of Supervisor

Telephone Number

Part Time

Reason for Leaving

Dates: From _____

Employer's Name

Title

To _____

Employer's Address

City

State

Zip

Total _____

Yrs. Mos.

Duties Performed

Full Time

Name of Supervisor

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Reason for Leaving

Dates: From _____

Employer's Name

Title

To _____

Employer's Address

City

State

Zip

Total _____

Yrs. Mos.

Duties Performed

Full Time

Name of Supervisor

Telephone Number

Part Time

Reason for Leaving

Dates: From _____
To _____

Employer's Name _____ Title _____

Employer's Address _____ City _____ State _____ Zip _____

Total _____
Yrs. _____ Mos. _____ Duties Performed _____

Full Time Name of Supervisor _____ Telephone Number _____

Part Time Reason for Leaving _____

Dates: From _____
To _____

Employer's Name _____ Title _____

Employer's Address _____ City _____ State _____ Zip _____

Total _____
Yrs. _____ Mos. _____ Duties Performed _____

Full Time Name of Supervisor _____ Telephone Number _____

Part Time Reason for Leaving _____

Dates: From _____
To _____

Employer's Name _____ Title _____

Employer's Address _____ City _____ State _____ Zip _____

Total _____
Yrs. _____ Mos. _____ Duties Performed _____

Full Time Name of Supervisor _____ Telephone Number _____

Part Time Reason for Leaving _____

Dates: From _____
To _____

Employer's Name _____ Title _____

Employer's Address _____ City _____ State _____ Zip _____

Total _____
Yrs. _____ Mos. _____ Duties Performed _____

Full Time Name of Supervisor _____ Telephone Number _____

Part Time Reason for Leaving _____
