

SUBSTITUTE BUS DRIVER APPLICATION FORM

TURTLE MOUNTAIN SCHOOL DIVISION

DATE

LAST NAME

FIRST NAME

ADDRESS

TELEPHONE NUMBER

EMAIL ADDRESS

(statement of earnings will be sent to the email address provided)

SOCIAL INSURANCE NUMBER

DATE OF BIRTH

NOTE: A copy of your driving record issued by Manitoba Motor Vehicle Branch must be submitted with this application.

EDUCATION AND TRAINING: (work experience, etc.)

REFERENCES: Please provide the names and addresses of at least three people whom we may contact with regard to your application. If possible, select people qualified to comment on your working ability.

NAME

ADDRESS

POSITION

TELEPHONE

ADDITIONAL INFORMATION:

I understand that the information provided by me in the application for employment to the Turtle Mountain School Division constitutes material and important representations by me intended to induce the Division to enter into a contract of employment with me. I, therefore, understand and agree that the giving of false information in this application for employment will constitute just cause for dismissal of me from employment entered into me by the Division and will also justify the Division treating any contract entered into by me to be null and void.

Date

Signature of Applicant

Signature of Witness

In connection with my application for employment, I hereby consent to the Turtle Mountain School Division, or its representative, any or all information which may be requested by them regarding my past or present mental, physical, or other condition history or treatment, and to furnish them with any records in respect of same.

Date

Signature of Applicant

Signature of Witness

Turtle Mountain School Division uses the direct deposit method for paying employees; therefore, please remit a void cheque to which account you would like your sub fees deposited.

Return application and void cheque to:

TURTLE MOUNTAIN SCHOOL DIVISION
BOX 280
KILLARNEY, MANITOBA R0K 1G0
TELEPHONE: (204) 523-7531

SIGNATURE