



Northern Gateway
Public Schools

Form 805-1
APPLICATION FOR
SCHOOL BUS SERVICE CONTRACT(S)

1. NAME OF APPLICANT: _____

ADDRESS: _____

P.O.Box Town/Village Province Postal Code

HOME PHONE: _____ BUSINESS PHONE: _____

2. Ever driven a school bus? YES ___ NO ___ Year Class 2 Acquired: ___ how long? _____
Where? _____ for whom? _____ Other Driving Experience:

3. Ever owned a school bus? YES ___ NO ___
How many? _____ No. of Years? _____ Where? _____

4. Are you fully aware of your obligations under a School Bus Service Contract? YES ___ NO ___
Which of the following do you possess?

GST	YES ___	NO ___	NSC	YES ___	NO ___
WCB	YES ___	NO ___	Safety Fitness Certificate	YES ___	NO ___

If you intend to drive a school bus, are you aware of any medical problems which may affect your driving?

5. If awarded a School Bus Service Contract. Regular Driver(s) of the school bus route(s) will be:

NAME OF APPLICANT: _____

ADDRESS: _____

P.O. Box Town/Village Province Postal Code

HOME PHONE: _____ BUSINESS PHONE: _____

Applicant(s) holds valid driver's license (Class 2/1)? YES ___ NO ___

LICENCE NO.: _____ LICENCE CLASS: ___ YEAR CLASS 5 ACQUIRED: _____

CERTIFICATES: (a copy of all certificates and training must be attached to application and placed on driver file).

Pre Employment (Online) "S" Endorsement: _____ (date issued)

Complete "S" Endorsement Certification: _____ (date issued)

First Aid Course: _____ (expiry date)

Driver Abstract: _____ (date issued)

Functional Assessment: _____ (date completed)

Criminal Records/Child Welfare Check: ___ (date issued - new drivers must be current within 6 months)

(attach list of drivers with all of the above Information, if more than 1 route is **applied** for)

6. If awarded a School Bus Service Contract, Spare Driver(s) of the school bus route(s) will be:

NAME OF APPLICANT: _____

ADDRESS: _____

P.O. Box

Town/Village

Province

Postal Code

HOME PHONE: _____ BUSINESS PHONE: _____

Applicant holds valid driver's license (Class 2/1)? YES ___ NO ___

Will Spare Driver be driving more than 20 days **per year**? YES ___ NO ___

LICENCE NO.: _____ LICENCE CLASS: ___ YEAR CLASS 5 ACQUIRED: _____

CERTIFICATES: (a copy of all certificates and training must be attached to application and placed on driver file).

Pre Employment (Online) "S" Endorsement: _____ (date issued)

Complete "S" Endorsement Certification: _____ (date issued)

First Aid Course: _____ (expiry date)

Driver Abslract: _____ (date issued)

Functional Assessment: _____ (date completed)

Criminal Records/Child Welfare Check: ____ (date issued - new drivers must be current within 6 months)
(attach list of spare driven with all of the above information, if more than 1 route is applied for)

7. Are you presently employed? YES ____ NO ____

BY WHOM? _____ BUSINESS PHONE: _____

ADDRESS: _____

P.O.Box

Town/Village

Province

Postal Code

TYPE OF WORK: _____

8. REFERENCES

NAME OF APPLICANT: _____

ADDRESS: _____

P.O. Box

Town/Village

Province

Postal Code

HOME PHONE: _____ BUSINESS PHONE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

P.O. Box

Town/Village

Province

Postal Code

HOME PHONE: _____ BUSINESS PHONE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

P.O. Box

Town/Village

Province

Postal Code

HOME PHONE: _____ BUSINESS PHONE: _____

Please attach written references if you have any.

9. If you are the successful applicant, what year(s) and capacity of school bus(es) do you propose to place on the bus route(s)? (**attach list of buses proposed to place on routes, if more than 1 route b applied for**)

YEAR: _____ CAPACITY: _____

Signed at _____, Alberta, this _____ day of _____, A.D. 20__

For Office Use Only

Points Earned Based on Evaluation Criteria: _____

Successful Applicant: YES ___ NO ___

Board Motion: _____

Director of Transportation

Date