

# HOPEWELL SERVICES

## DRIVER/AIDE APPLICATION

### Application Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

Times Available: \_\_\_\_\_

What Position are you applying for?.....Driver    Aide

Are you a certified school bus driver?.....YES    NO

Are you a citizen of the United States?.....YES    NO

Are you over the age of 21?.....YES    NO

Have you ever been convicted of a crime?.....YES    NO

Have you ever had a DUI?.....YES    NO

Are you willing to submit to a drug screening test?.... YES    NO

Are you willing to take a medical examination?..... YES    NO

Have you had a lapse in your driver's license in the past two years?  
(Including an expired license)?..... YES    NO

Do you have any demerit points or driving infractions on your record?  
If yes, please explain.

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**Work History**

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Start / End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Start / End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Start / End Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Manager Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Professional References Only**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

By signing this I verify that the above information is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_