



3625 Ten Oaks Road  
P.O. Box 62  
Glenn, MD 21737

Office: (410) 489-9501

[www.bowensbusservice.com](http://www.bowensbusservice.com)

Fax: (410) 489-9604

## Employment Application

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

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

County of Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Marital Status (circle one) Single Married Divorced

How did you hear about our company? \_\_\_\_\_

Position applying for: \_\_\_\_\_

Available start date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Restrictions: \_\_\_\_\_ Expiration: \_\_\_\_\_

Number of current points on your driving record: \_\_\_\_\_

Are you capable of lifting a minimum of 30 lbs? (circle one) Yes No

Have you ever filed a claim with Worker's Compensation? (circle one) Yes No

If yes, name of employer: \_\_\_\_\_

Date claim was filed: \_\_\_\_\_

Date released to return to work: \_\_\_\_\_

Current or Previous Employer:

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

Address:

\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: \_\_\_\_\_ to \_\_\_\_\_

Were you a commercial driver for this employer? (circle one) Yes No

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact them for a reference? Yes No

If no, please give explanation:

\_\_\_\_\_  
\_\_\_\_\_

Previous Employer:

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

Address:

\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: \_\_\_\_\_ to \_\_\_\_\_

Were you a commercial driver for this employer? Yes No

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact them for a reference? Yes No

If no, please give explanation:

\_\_\_\_\_  
\_\_\_\_\_

Previous Employer:

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

Address:

\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: \_\_\_\_\_ to \_\_\_\_\_

Were you a commercial driver for this employer?      Yes      No

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact them for a reference?      Yes      No

If no, please give explanation:

\_\_\_\_\_  
\_\_\_\_\_

**COMPLETE THE FOLLOWING *ONLY* IF APPLYING FOR A DRIVER'S POSITION**

Do you currently drive a school bus:      Yes      No

Do you currently drive a Motor Coach:      Yes      No

Number of years driving: School Bus \_\_\_\_\_ Motor Coach \_\_\_\_\_

Are you comfortable driving a bus in Baltimore:      Y / N      Washington:      Y / N

Are you **currently** certified in **Howard County**?      Yes      No

If yes please complete the following:

I am certified as a: (circle one)      Bus Driver      Bus Attendant

What contractor currently holds your certification: \_\_\_\_\_

Whose random drug/alcohol testing program are you enrolled in?

(circle one)      Precision X      Concentra      Other \_\_\_\_\_

Total number of years driving in Howard County: \_\_\_\_\_

Are you transit certified:      Yes      No

Which schools in Howard County are you most comfortable driving in:

\_\_\_\_\_

Do you have any children enrolled in Howard County Schools?      Yes      No

Emergency contact Person:

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

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Circle type(s) of work that you would be interested in:

School Run

Substitute Driver

Field Trips

Evening Runs

Weekend Work

Holiday Work (Winter break-Spring break)

Summer Work

**\*\*\*\*\*IF APPLYING FOR A DRIVING POSITION, A CURRENT (no older than 30 days) COMPLETE (non-certified) COPY OF YOUR DRIVING RECORD MUST BE SUBMITTED WITH YOUR APPLICATION \*\*\*\*\***

**You may submit your application in one of the following ways:**

- **in person please call 410-489-9501 to schedule an appointment/interview**
- **scan and submit to [m.roche@bowensbusservice.com](mailto:m.roche@bowensbusservice.com)**
- **fax to 410-489-9604**
- **mail to: Bowen's Bus Service, Inc., c/o Mindy Roche, P.O. Box 62, Glenelg, MD 21737**

Signature: \_\_\_\_\_

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