



FRANKLIN VANCE WARREN
OPPORTUNITY INC.

POST OFFICE BOX 1453, HENDERSON, NORTH CAROLINA 27536
PHONE 252-492-0161 – FAX 252-492-6250



Bus Driver

1. Must have CDL License and clean driving record
2. Reports any needed repairs in writing (in addition to telephoning) to Maintenance/Facilities Manager
3. Keeps appropriate transportation records
4. Reads and understands Transportation Plans and procedures
5. Attends training sessions, as appropriate
6. Operates vehicle in safe manner at all times
7. Responsible for pre-trip inspections of vehicle under the Motor Carrier Safety Act in accordance with 49 CFR 392.7, 392.8 and 396.7 and in writing any defects
8. Maintains a prompt service schedule at all times
9. Arrives and leaves the Center at the same time every day
10. Keeps detailed, up-to-date written schedule on bus at all times
11. Assures that all children and adults are seated and remain seated when vehicle is in motion
12. Assures that vehicles containing children shall never be left unattended
13. Loads/unloads passengers only at regular designated stops
14. Allows only assigned passengers to ride vehicle
15. Ensures that up-to-date emergency cards are on vehicle at all times
16. Follows maintenance check sheet as instructed
17. Maintains vehicle in neat and orderly manner. Sweeps and picks up trash daily.

If interest please complete the following application and provide it and a copy of your CDL certification to naimamosley@fvwopp.com or bring by our office located at 180 S. Beckford Drive Henderson, NC

FRANKLIN-VANCE-WARREN OPPORTUNITY, INCORPORATED

**P.O. BOX 1453, 180 SOUTH BECKFORD DRIVE
HENDERSON, NORTH CAROLINA**

APPLICATION FOR EMPLOYMENT

POSITION(S) APPLIED FOR _____

DATE _____

(LAST)

(FIRST)

(MIDDLE)

IF MARRIED, MAIDEN NAME

MAILING ADDRESS

(STREET & NO. OR PO BOX) (CITY) (COUNTY) (STATE) (ZIP CODE)

TELEPHONE:

(HOME NUMBER)

(CELL)

IF NONE, WHERE CAN YOU BE REACHED BY TELEPHONE? _____

DOB: _____

SOCIAL SECURITY #: _____

IN CASE OF EMERGENCY, WHO SHOULD BE CONTACTED? _____

(NAME OF PERSON)

(ADDRESS)

(TELEPHONE NO.)

(RELATIONSHIP)

INDICATE ANSWER BY PLACING AN "X" IN PROPER COLUMN

	YES	NO
1. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?	_____	_____
2. HAVE YOU EVER BEEN CONVICTED OF A FELONY? HAVE YOU EVER BEEN CONVICTED OF A CRIME INCLUDING SEX RELATED OR CHILD ABUSE RELATED OFFENSES. IF "YES", PLEASE EXPLAIN _____	_____	_____
3. HAVE YOU EVER BEEN EMPLOYED BY US BEFORE? IF "YES", BY WHOM? _____	_____	_____
4. CAN YOU PROVIDE YOUR OWN TRANSPORTATION TO WORK?	_____	_____
5. DO YOU HAVE A "CDL" DRIVER'S LICENSE? DO YOU HAVE A DRIVER'S LICENSE?	_____	_____
6. HAVE YOUR DRIVER'S LICENSE EVER BEEN REVOKED?	_____	_____
7. ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY PERSON SERVING ON F-V-W BOARD OF DIRECTORS OR EMPLOYED BY F-V-W? IF "YES", GIVE NAME AND RELATIONSHIP? _____	_____	_____

**F-V-W APPLICATION
PART 2**

EDUCATION

HIGH SCHOOL ATTENDED _____ GRADUATION DATE _____

LOCATION OF HIGH SCHOOL _____

COLLEGE/UNIVERSITY INFORMATION
UNDERGRADUATE (COLLEGE/UNIVERSITY)

<u>NAME</u>	<u>LOCATION</u>	<u>DATES ATTEND. FROM TO</u>	<u>DEGREE RECEIVED</u>	<u>MAJOR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GRADUATE (COLLEGE/UNIVERSITY)

<u>NAME</u>	<u>LOCATION</u>	<u>DATES ATTEND. FROM TO</u>	<u>DEGREE RECEIVED</u>	<u>MAJOR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SKILLS

LIST ANY CLERICAL SKILLS, BUSINESS EQUIPMENT YOU CAN OPERATE, AND OTHER SKILLS WHICH YOU ARE PROFICIENT IN. TYPING _____ WPM: SHORTHAND _____ WPM:

WHAT SPECIAL QUALIFICATIONS DO YOU HAVE FOR THE JOB FOR WHICH YOU ARE APPLYING: _____

EMPLOYMENT (START WITH YOUR LAST POSITION AND WORK BACKWARD)

FROM _____ TO _____ POSITION _____ START. SALARY _____ ENDING SALARY _____

NAME AND ADDRESS OF EMPLOYER _____

NAME AND TITLE OF IMMEDIATE SUPERVISOR _____

REASON FOR LEAVING _____

DUTIES _____

**EMPLOYMENT INFORMATION CONTINUED
PART 3**

FROM _____ TO _____ POSITION _____ START. SALARY _____ ENDING SALARY _____

NAME AND ADDRESS OF EMPLOYER _____

REASON FOR LEAVING _____

DUTIES _____

FROM _____ TO _____ POSITION _____ START. SALARY _____ ENDING SALARY _____

NAME AND ADDRESS OF EMPLOYER _____

REASON FOR LEAVING _____

DUTIES _____

FROM _____ TO _____ POSITION _____ START. SALARY _____ ENDING SALARY _____

NAME AND ADDRESS OF EMPLOYER _____

REASON FOR LEAVING _____

DUTIES _____

HOBBIES AND INTEREST

PERSONAL REFERENCES (DO NOT LIST EMPLOYERS FOR WHOM YOU HAVE WORKED):

PART 4

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

DECLARATION

I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

DATE _____

EMAIL: _____

*******DO NOT WRITE BELOW THIS LINE*******

INTERVIEW DATE _____

REFERRED BY _____

INTERVIEWER _____

*******COMMENTS AND EVALUATION*******

