

MANSFIELD PUBLIC SCHOOLS
2 Park Row, Mansfield, MA 02048
508.261.7503/ 508.261.7547 (Fax)
email: linda.kincaid@mansfieldschools.com

2018-2019 SUBSTITUTE SPECIAL EDUCATION BUS DRIVER APPLICATION

Personal Information: Date: _____

Name: _____

Address: _____
Street City State Zip

Telephone#:(_____) _____ Email: _____

Do you possess a Massachusetts License, a CDL and a DPU to drive a school bus? ____ Yes ____ No

If yes, have you had a motor vehicle accident in the past ten (10) years? If yes, please describe:

Are you available every day? ____ Yes ____ No If No, please advise what **day(s) NOT** available:

Please list past work experience(s):

Position Held	Employer	Employer Address	Dates of Employment

Please return to: **Mansfield Public Schools**
Special Ed Department
255 East Street, Mansfield, MA 02048
email: linda.kincaid@mansfieldschools.com

It is the policy of the Mansfield Public Schools to provide equal employment opportunity to all employees and applicants for employment. Employees and applicants shall not be discriminated against or harassed because of race, color, religion, national origin, sex, gender identity, sexual orientation, pregnancy or pregnancy related conditions, age, genetic information, ancestry, military status, or disability, or any other category protected by applicable State or Federal law.

