

# Van Driver Application

- \* First and Last Name: \* Contact Number:
- \* Campus Email Address: \* Campus Address
- \* City: \* State: \* Zip: \* GPA Last Term: \* Cumulative GPA:
- \* Class: \* Birthdate: \* Major: \* How many hours will you carry?

**Employment Information (McKendree Experience):**

Position: Location: Employment Term: Supervisor:  
 Sup. Contact #: Can we contact?

**Employment Information (Other Experience):**

Position: Location: Employment Term: Supervisor:  
 Sup. Contact #: Can we contact?

**Please answer the following:**

Have you completed the General Work Study Application with the Financial Aid Office?

Are you currently working on campus? Yes No If yes, how many hours?

Are you eligible for Federal Work Study? Yes No

List your Work Study type: **Federal (FWS)** **Institutional (IWS) Work Study** No Work Study

**Driver's License Type:** CDL (A or B) C D **Date Issued:** **Date Expires:**

Have you completed the required van driver training course with the Operations Office? Yes No

Have you ever been convicted of a DUI? Yes No **If yes, please explain:**

*(A DMV Driving Record Print Out may be required prior to offer of employment).*

**Have you ever been terminated from a job?** Yes No **If yes, please explain:**

**Have you ever been convicted of a crime, or had any disciplinary sanctions (warning, probation, etc.) against you while at McKendree?**  
Yes No **If yes, please explain:**

**Please list any other time commitments you currently have. Include clubs/organizations, athletic practices, other employment, etc.**

**Please check days and times that you CAN work. Include evenings and weekends. This will help us effectively schedule you if hired.**

| Time      | M | T | W | T | F | S | SU |
|-----------|---|---|---|---|---|---|----|
| 9am       |   |   |   |   |   |   |    |
| 10am      |   |   |   |   |   |   |    |
| 11am      |   |   |   |   |   |   |    |
| 12pm      |   |   |   |   |   |   |    |
| 1pm       |   |   |   |   |   |   |    |
| 2pm       |   |   |   |   |   |   |    |
| 3pm       |   |   |   |   |   |   |    |
| 4pm       |   |   |   |   |   |   |    |
| 5pm       |   |   |   |   |   |   |    |
| 6pm       |   |   |   |   |   |   |    |
| 7pm       |   |   |   |   |   |   |    |
| After 8pm |   |   |   |   |   |   |    |

\*Once completed, please save this form and email to croberts@mckendree.edu or print and take to the Campus Activities Office.