



BUS CONDUCTOR REGISTRATION FORM

Registration Number: _____

Date: ____/____/____

First Name: _____

Surname: _____

Date of Birth: ____/____/____

Age: _____ Gender: M / F

Phone Contacts: 1. _____ 2. _____

Uniform Shirt Size: _____

Conductors experience (*circle where apply*)

Less < 6 months	6 months - 1 Year	1- 3 years	3 + years
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Language Spoken:

English	Pidgin	French	Other
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Current Residence: _____

Have you been convicted of a crime?

YES	NO
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This will not necessarily disqualify you, if your answer is yes.

I verify all the information given above is true to the best of my knowledge

Sign: _____

Date: ____/____/____

OFFICE USE ONLY

Check by: _____

Sign: _____

Date: ____/____/____