



New School Bus Operator Request for Training / Release of Information

Date		County	
Applicant Full Name, including suffix (ex. Jr., Sr.)		Trainer	
Address			
City		State/Zip	
Home Phone		Cell Phone	
Email		Class Start Date	

The county school system indicated above has interviewed and chosen the applicant as a viable candidate for bus operator training. The county school system named above also agrees to assume all training costs for all services and training as requested.

County Transportation Director Signature

The candidate named above releases all information required for pre-employment evaluations pertaining to bus operator training/certification to the Employing agency including the following:

- Motor Vehicle Record Check
- DOT Physical Examination
- Urine Drug Screen (Modality FMCSA)
- Breath Alcohol
- CIB/FBI Results

Applicant's Signature: _____ Date: _____/_____/_____