



## 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 and the Southern Educational Services Cooperative (SESC) including the following:

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_