



Sample County Bus Operator Student Documentation

ID Training County

Name Trainer Name

Address

City State Zip Examiner

Phone Cell Date Certified

Email

Start Date Deadline Failed 1st Attempt Dropped Class

Notes

Age

- Physical Completely Filled Out and Signed
- Name Correctly Spelled
- Physical Date (within 6 months)
- BP Not to Exceed 140/90
- Medical Condition/Medications - any restrictions

- DMV Records Check Name Correct
- DMV Date (within 6 months)
- Not to Exceed 5 Points
- Designate 5 Year
- License Valid

- Eye Sight 20-40 or Less
- Hearing
- Drug Test Name Correct
- Drug Date (within 6 months)
- Drug Negative Results
- Drug Pre-employment
- Alcohol Test Name Correct
- Alcohol Date (within 6 months)
- Alcohol Negative Results
- Alcohol Pre-employment

- CIB/FBI Name Correct
- CIB/FBI Date (within 6 months)
- CIB/FBI Criminal Record Cleared
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- First Aid/CPR Name Correct
- First Aid/CPR Date Valid
- CDL License Name Correct
- CDL Date Valid
- CDL Class B or Better
- CDL Endorsements (P & S)

Trainer's Comments

- Certificate of Online Certification Name Correct
- Certificate Date (within 6 months)
- Classroom Training Name, Initials and Signature
- BTW Name, Initials and Signature