



## New School Bus Operator Request for Training / Release of Information

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

Trainer		Class Start Date	
Class Schedule: Days of Week, i.e., Mon - Fri		Start and End Time, i.e., 7-9 pm	

*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:

✓	DOT Physical Examination	✓	First Aid/CPR Card
✓	Urine Drug Screen (Modality FMCSA)	✓	CDL
✓	Motor Vehicle Record Check	✓	Classroom Training Forms
✓	CIB/FBI Results	✓	Behind the Wheel Training Forms

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