



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: ____/____/____