

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

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

*The county school system indicated above has interviewed and submitted the applicant as a viable candidate for bus operator training through RESA. The county school system named above also agrees to provide payment 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 RESA Bus Operator Training Coordinator including the following:

\_X\_ Motor Vehicle Record Check

\_X\_ DOT Physical Examination

\_X\_ Urine Drug Screen (Modality FMCSA)

\_X\_ Breath Alcohol

\_X\_\_ CIB/FBI Results

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: /\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

*Please email or mail completed form to*

RESA Bus Operator Training Coordinator