

BUS DRIVER CERTIFICATION PROCEDURE WEST HOLMES LOCAL SCHOOLS

NEW DRIVERS

1. File school bus driver application with local superintendent. Application may be obtained at the West Holmes Local Superintendent's Office, 28 West Jackson Street, Millersburg Ohio 44654.
2. Local school approves or disapproves application.
3. Local school office completes items B. and C. of the school bus driver Medical Examination form (T-8) and gives it to that prospective or returning driver.
4. Secure medical examination from the Holmes County Health Department.
5. Secure BCI/FBI records through fingerprinting at the Holmes County Sheriff's Office from 9:00 to 11:00 a.m. or 1:00 to 3:00 p.m. Monday through Friday (this is at applicants expense)
6. Successfully complete pre-service driver training course.
7. Proceed to #7 under "All Drivers".

RETURNING DRIVERS

1. Local school completes appropriate contractual arrangements with the returning driver.
2. Local school office completes items B. and C. of the school bus driver Medical Examination form (T-8) and gives it to the returning driver.
3. Medical examination is secured from the Holmes County Health Department.
4. Local school approves or disapproves application.
5. Returning drivers will be fingerprinted every six years.
6. Proceed to #7 under "All Drivers".

ALL DRIVERS

7. Secure or renew if necessary the Ohio C.D.L. licensee with bus driver endorsement at the State Examination post.
8. Be sure to keep the last three pages of the T-8 **intact**. A physical taken after May 1, (January 1 for new Drivers) is valid for the next full school year.
9. Present T-8, driver's license and proof of successful completion of pre-service and/or inservice requirement to Ed Dye, Transportation Supervisor.
10. West Holmes will secure the driving abstract and, if everything is in order, will certify the driver.
11. Following certification West Holmes will:
 - a. Return the driver's copy of the T-8 and the bus driving certificate to the Central Office;
 - b. File the superintendent's copy of the T-8, copy of the valid driver's license, and proof of successful completion of Pre-service and /or inservice requirement in the driver's folder.

WEST HOLMES LOCAL SCHOOLS
SCHOOL BUS DRIVER APPLICATION

Date: _____

Full Name: _____ Social Security Number: _____

Address: _____

Rt. or number Street City Zip Code

1. How long have you lived here? _____ Phone # (____)-____-____

2. Date of Birth: _____ Age: years: _____ months: _____

3. Height: _____ Weight: _____ Condition of Health: _____

4. High School Name: _____ Year of Graduation: _____

5. Now Employed? No: _____ Yes: _____ Self Employed: _____

6. If not employed, name last employer: _____

Address: _____

Type of work done: _____ Years on this job: _____

7. Number of years driving experience: Car: _____ Truck: _____ Bus: _____

Type of license now held: Operator's: _____ C.D.L.: _____

Expiration Date: _____ License number: _____

8. Have you ever been involved in a traffic accident? _____

Has your operator's license or C.D.L. license ever been revoked? _____

9. Have you ever been convicted of a felony? _____

10. Are you willing to attend a school bus driver's course? _____

11. Person to be contacted in case of an emergency:

Name: _____ Address: _____

Phone #: _____ Relationship: _____

12. References: *Complete the following for three persons who are not related to you by blood or marriage who will give character reference.*

| | <u>Name</u> | <u>Address</u> | <u>Telephone #</u> |
|----|-------------|----------------|--------------------|
| a. | _____ | _____ | _____ |
| b. | _____ | _____ | _____ |
| c. | _____ | _____ | _____ |

13. I verify that information supplied in this application is correct and I release my Abstract Driving Record to The West Holmes Board of Education.

Signed: _____ Date: _____

(Applicant)

14. I recommend this bus driver applicant for a substitute or regular driver.

Signed: _____ Date: _____

(Superintendent)

RELEASE FOR CRIMINAL RECORDS

NAME _____ (MAIDEN) _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

I hereby release any Sheriff Department information in my name for employment or other purposes.

Signature

Date

Criminal Record Yes _____

Criminal Record No _____