

VOLUNTEER SCHOOL BUS DRIVER /OCCASIONAL DRIVER /DISTRICT VEHICLE OPERATOR CLEARANCE FORM



"Committed to Excellence"

Instructions to Drivers: ALL persons seeking to drive a school district – owned vehicle must complete and submit this form for approval. Please read the following statement and complete the form. Upon approval, you must also be available for any ancillary training that may be required at the discretion of the school district. Return this form to the Transportation Department prior to requesting to drive. Final approval of driving privileges will be granted by the Superintendent of Schools or his designee.

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF MOTOR VEHICLE RECORD INFORMATION

"I authorize my employer and its designated agents and representatives, including but not limited to the company's insurance agent(s) and/or legal representative to obtain and review my motor vehicle record (MVR) information. I voluntarily supply the information necessary to obtain driver license information from any state that I have been licensed to drive a motor vehicle and release all parties involved from liability for doing so. **This authorization shall be valid in original, fax or copy form and shall serve as an ongoing authorization to procure MVR information on an ongoing basis during my employment, membership or contract period.**"

*****ATTACH A COPY OF YOUR VALID DRIVER'S LICENSE*****

Full Name: _____ Work Location: _____
Last Name, First Name, Middle Initial (or as it appears on your driver's license)

Street Address: _____

City, State, Zip Code: _____

Driver License #: _____ License Class/Endorsements: _____ State of Issue: _____

Have you ever held a driver's license in any state other than the above mentioned issuing state? **YES NO**
If YES, which state(s)?) _____

In the past five (5) years have you been convicted of a traffic offense (not including parking violations) in any state other than the above mentioned issuing state? **YES NO**
If YES, which state(s)? _____

Employee Signature Date

Approved _____

Denied _____ Reason: _____

Name/Title of Reviewer: _____