



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	Class Start Date

The county school system indicated above has interviewed and submitted the applicant as a viable candidate for bus operator training through MDESC. 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 MDESC Bus Operator Training Coordinator including the following:

- Motor Vehicle Record Check
- DOT Physical Examination
- Urine Drug Screen (Modality FMCSA)
- Breath Alcohol
- CIB/FBI Results

Applicant's Signature: _____ Date: _____

Please email or mail completed form to
MDESC Bus Operator Training Coordinator