



Part C- Bus Driver Application

Full Legal Name: _____

Parish or School Name: _____ City: _____

Driver License Number: _____ State: _____

Type: _____ Class: _____ Expiration Date: _____

Restrictions: _____ Endorsements: _____

Driving experience:

| Class of Equip | Employer Name | From | To | Approx. Miles |
|----------------|---------------|------|----|---------------|
| | | | | |
| | | | | |
| | | | | |

Accident record for past three (3) years: (Use additional page if needed)

| Date | Nature of Accident | Injuries/Fatalities |
|------|--------------------|---------------------|
| | | |
| | | |
| | | |

Moving violations for past three (3) years: (Use additional page if needed)

| Location (City & State) | Date | Charge | Penalty |
|-------------------------|------|--------|---------|
| | | | |
| | | | |
| | | | |

Have you ever failed or refused a Department of Transportation (DOT) mandated pre-employment, post-accident, reasonable suspicion, or random drug/alcohol test?

Yes _____ No _____

If yes, please explain and provide date: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes _____ No _____

If yes, please explain and provide date: _____

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Has any license, permit, or privilege ever been suspended, revoked or forfeited?

Yes _____ No _____

If yes, please explain and provide date: _____

Special training related to transportation: _____

List any physical limitations (i.e. eyesight, limb impairment, diabetes, hearing):

Use corrective lenses? YES NO

Use hearing aid? YES NO

Date of last DOT physical examination: _____ Expiration Date: _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's National Registry Number: _____

DRIVER MUST ALSO COMPLETE FORMS MCS-21, RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS, AND REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON ALCOHOL & CONTROLLED SUBSTANCES TESTING.

I acknowledge that I have received a copy of the Diocese of Victoria Transportation Policy, Part C, Bus Transportation.

Driver Signature

Date

Site Transportation Facilitator- please provide a copy of this form along with copies of:

- *Driver License (front and back)*
- *Bus Driver Safety Training Certificate (front and back)*
- *DOV Bus Driver Information Form*
- *DOT Physical*
- *MCS-21*
- *Request/Consent for Information from Previous Employer to Diocese of Victoria, Attention: Safe Environment Director.*