

Regulation

SUPPORT OPERATIONS

5046.4

BUS DRIVER APPLICATION

Program: _____

Print Driver's Name

Title/Position

Driver's Cell Phone Number: _____

Attach to this application a copy of your current driver's license and your DMV abstract, dated within the last thirty days.

I attest my DMV driving abstract is clear of any traffic and/or drug offenses that would preclude me from driving students on behalf of the BOCES. I also agree that should I receive any traffic offenses whether while driving on or off duty, or the status of my driver's license changes, I will notify my director or designee immediately.

I further acknowledge I have received and read MOBOCES Policies §5046, §6037, and associated regulations, and that as a school bus driver as defined by NYS law I may be subjected to drug testing as required under policy §6037, and/or federal and state law.

Driver's Signature

Date

Note: Driver approval is annual and will expire at the end of the current school year. Re-application will be required in each new school year.

☐ Receipt of copy of driver's license

☐ Receipt of driving abstract

APPROVAL BY DIRECTOR or DESIGNEE: _____

Signature

Date

☐ Completion of required driver training

Date of Completion: _____

APPROVAL BY TRANSPORTATION SUPERVISER: _____

Signature

Date

Receipt of:

☐ Application

☐ Copy of Driver's License

☐ Driving Abstract

☐ Completion of blue sheet by Director or Designee, if required

BY HUMAN RESOURCES: _____

Signature

Date

Madison-Oneida Board of Cooperative Educational Services

Promulgated: 07/24/19