

REQUEST FOR APPROVAL OF A TEMPORARY SCHOOL BUS DRIVER

TO BE COMPLETED BY APPLICANT:

Please Type-Fill (AS IT APPEARS ON DRIVER'S LICENSE):

(FULL LAST NAME) (FULL FIRST NAME) (MIDDLE INITIAL)

List other names previously used: _____

Social Security number: _____ Date of birth: _____ Gender: _____
see statement¹ below (Month Day Year)

Commercial Driver License Number: _____ IF NOT OREGON, YOU MUST ATTACH A CURRENT DMV REPORT FOR ISSUING STATE.

If you have had a driver's license other than in Oregon in the past 3 years, list state(s) and provide a copy of the out-of-state DMV report:

- A. Have you **EVER** been convicted of a sex-related crime? Yes No
If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____
If yes, did the crime involve force or minors?
- B. Have you **EVER** been convicted of a crime involving violence or threat of violence? Yes No
If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____
- C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No
If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____
- D. Have you **EVER** been convicted of any other crime except a minor traffic violation? (Includes Traffic Crimes) Yes No
- E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? Yes No
- *** Social Security Statement¹ ***

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment, or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an identifier to search for any criminal history you may have. Your social security number will be used as stated above. State and Federal laws protect the privacy of your records.

*** Applicant's Advisory Statements ***

A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicant for the position of school bus driver, volunteer, or other prospective school employee working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone 503-731-4075.

I acknowledge reading and the receipt of the Social Security Statement and Applicant's Advisory Statement.

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY REQUESTING SCHOOL DISTRICT OFFICIAL

School District Name and Number _____ County _____

Return Email: _____ Phone Number _____

I CERTIFY that the above person is familiar with the contents of the current Oregon Pupil Transportation Manual, has a valid medical certificate that expires on _____ and has demonstrated the necessary ability, knowledge and skills to operate a school bus in a safe and prudent manner.

Signature, Authorized School or Transportation Official

Title

Date

ODE USE ONLY

An "OK" following *approval reply*, applicant is approved as a temporary school bus driver until July 1, _____, as long as driver maintains a valid medical certificate. A "No" following *approval reply*, applicant does not meet the standards established by OAR 581-053-0220 for a temporary school bus drivers at this time. Also, per OAR 581-053-0220, no temporary driver may be used more than ten days in any school year.

Signature, ODE Official

Approval reply

Date