

**Perry Local Schools
School Bus Driver Application**

NAME _____
Last First Middle Initial

ADDRESS _____

CDL LICENSE #: _____ PHONE # _____

SCHOOL DISTRICT THAT YOU DRIVE FOR: _____

THE UNDERSIGNED DRIVER ATTESTS THAT HE/SHE HAS:

- VALID OHIO CDL WITH BUS DRIVER ENDORSEMENTS
- CURRENT T-8 PHYSICAL
- ATTENDED 4 HOURS OF IN-SERVICE TRAINING

DRIVER'S SIGNATURE _____ DATE _____

**THE UNDERSIGNED SUPERINTENDENT (OR DESIGNEE) AFFIRMS
THAT EACH OF THE FOLLOWING REQUIREMENTS HAS BEEN
MET FOR THE DRIVER NAMED ABOVE, AND RECORDS ARE ON
FILE TO VERIFY SAME:**

- MEETS ALL DRIVER REQUIREMENTS ACCORDING TO RC 3327.10
- VALID OHIO CDL WITH BUS DRIVER ENDORSMENTS
- PASSED T-8 PHYSICAL
- SATISFACTORY SEMI-ANNUAL ODE DRIVER RECORD CHECK
- VERIFICATION OF 4 HOURS IN-SERVICE TRAINING

SUPERINTENDENT SIGNATURE _____ DATE _____