

## EMPLOYEE TRANSPORTING STUDENTS INFORMATION REQUEST FORM

Please print

Applicant Name – First	Middle Initial	Last	Birth Date (Month/Day/Year)
Driver's License Number <b>and</b> Social Security Number – For Verification Purposes			School - Location

- YES    NO    Have you ever been convicted of a crime or other offense listed under s.343.12(7) Wis. Stats., or Ch. Trans. 112.15 WI Admin. Code within the time frame listed on the attached list of crimes?
- 
- Are you currently listed on any sex offender registry?
- Are you currently listed on any nurse abuse registry?

Explain "YES" answers

- YES    NO
- Have you been a resident in another state within the previous 2 years

If you checked "YES", list all other state(s) in which you have been a resident during the previous 2 years:

### As an applicant I will:

1. Possess a valid Wisconsin operator's license or a valid operator's license issued by another jurisdiction and must have a copy of a valid driver's license on file with the principal office.
2. Have sufficient use of both hands and the foot normally employed to operate the foot brake and foot accelerator.
3. Each year submit a copy of the insurance policy for the vehicle to be driven to the principals office with no less than \$100,000/\$300,000/\$100,000 liability limits.
4. Every four years complete the Employee Transporting Students request form.
5. Not to transport more persons than can be seated on the permanently mounted seats without interfering with the vehicle operator.

As a school district employee transporting students, I agree to report in writing to my employer, within 10 days:

- a. Any accident in which I was involved as the operator of any motor vehicle regardless of who was at fault or if citations were issued, and whether or not I was transporting children under contract.
- b. Any conviction or operating privilege revocation listed under s.343.12(7) Wis. Stats., or Ch. Trans. 112.15 WI Admin. Code that would make the individual ineligible under these laws to transport pupils as either an alternative vehicle driver or school bus driver.
- c. Any suspensions or revocation of my operating privilege or cancellation of a school bus endorsement in Wisconsin or any other jurisdiction.

I understand that I may not falsify or provide incomplete information in respect to any material fact on this or any other background information form and that I have read and understand Board Rule 6650R.

I also understand that it is my responsibility to report any new medical condition or a medication condition that would affect my ability to drive.

(Applicant Signature)

(Date)

Exhibit Adopted: 6/17/09  
Exhibit Revised: 12/1/09  
KAG:ems

SCHOOL BOARD  
D.C. Everest Area School District  
6300 Alderson Street  
Weston, Wisconsin 54476