

### APPROVAL REQUEST FOR DRIVERS OF TYPE 10 PUPIL TRANSPORTING VEHICLES

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:  Male  Female  
\*\*\*see statement<sup>1</sup> below\*\*\* (Month Day Year)

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?  Yes  No
- 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 Statement<sup>1</sup> \*\*\*

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 Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I CERTIFY that the above person has received training and testing required for the type of vehicle the persons will drive as prescribed in OAR 581-053-0320, except for first aid training (OAR 581-053-0003) which will be completed within 120 days of this approval. I will immediately notify the Department of Education if there is reason to believe any change in driving or criminal records has occurred that could affect the above listed persons' ability to meet the required licensing provisions.

\_\_\_\_\_  
Signature, Authorized School or Transportation Official Title Date

### ODE USE ONLY

An "OK" following approval reply, applicant is approved as a Type 10 pupil transporting vehicle driver as long as they remain in compliance with all rule requirements or until termination of employment from the district submitting approval list. A "No" following approval reply, applicant does not meet the standards established by OAR Chapter 581, Division 053 for a Type 10 pupil transporting vehicle driver at this time.

\_\_\_\_\_  
Signature, ODE Official Approval reply Date