

**Mount Carmel Bus Company
Newport News, Virginia 23601
Bus Driver Application**

Date of Application _____

Name _____

SSN _____

Address _____

Telephone# _____

Mobile/Phone# _____

1. Have you ever been employed here before? If yes, give dates and positions Yes No
2. Are you legally eligible for employment in this country? Yes No
3. Do you have a valid operator's license? Yes No
4. Do you have a valid (CDL) Commercial Driver's License? Yes No
5. Have you ever driven any vehicle other than a car, such as a farm tractor or a truck of some type?
Yes No
6. Have you ever had your driver's license revoked for any period of time? Yes No
7. Have you ever been convicted of violating any law other than a minor traffic violation? Yes No
8. Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child? Yes No
9. Have you completed the VIRTUS, Protecting God's Children training? Yes No

STEPS IN MCBC APPLICATION PROCESS

1. Fill out application.
2. Attach a copy of your valid Commercial Driver's License.
3. Attach a copy of your driving record.
4. Fill out Form EB.003 (Verification of good moral character of applicant).
5. Take Form EB.001 to a physician and get a physical examination and tuberculin test. Both are required by state law. (Section 22.1-178)
6. Attach a copy of your completed VIRTUS training certificate or provide copy of your VIRTUS training registration and submit copy of certificate upon completion of course.
7. If driving record is satisfactory or acceptable, the applicant is notified to begin practice driving on a school bus under the supervision of a school bus driver who works for MCBC.
8. Applicant takes the MCBC bus driving test and is recommended for approval to the MCBC board. Applicant may then be used as a substitute bus driver or be assigned a regular bus route if one is available. Inexperienced drivers are not likely to be recommended for a regular bus driving position until they get some behind-the-wheel experience.

You will need to have two personal references signed below. (Not relatives)

This is to certify that _____ who is an applicant for a job school bus driver, is known by us to be a person of good moral character.

Signature: 1. _____ Telephone _____
Address _____

2. _____ Telephone _____
Address _____

5.8 No person shall operate a school bus transporting pupils unless the person shall have:

1. Received classroom, demonstration, and behind-the-wheel instruction in accordance with the minimum provision of the Virginia School Bus Driver Training Curriculum Guide.
2. Completed a minimum of 12 classroom hours and 12 hours of behind-the-wheel training. A minimum of six (6) of the twelve (12) hours of behind-the-wheel time shall involve the operation of a bus with pupils on board while under the supervision of a designated bus driver trainer.

5.9 In-service training, devoted to improving skills, attitudes and knowledge including orientation to maximize benefits of using safety programs and safety components, shall be provided to all school bus drivers for at least two hours before opening of school year and at least two hours during the second half of the school year.

Name of Trainer	Date	Length of Training
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

Signature School Official

Date

The MCBC does not discriminate on the basis of race, color, national origin, sex, age, marital status, creed, limited English Proficiency, or handicap in its program, activities or employment practices as required by Title VI, Title IX, and Section 504.

FORM EB.001 SCHOOL BUS DRIVER'S APPLICATION FOR PHYSICIAN'S CERTIFICATE

Revised 7-01 This form is required under the provision of Section 22.1-178 of the Code of Virginia and Regulations of the Board of Education

APPLICANT NAME _____ SCHOOL DIVISION _____

APPLICANT SOCIAL SECURITY NO. _____ BIRTH DATE _____

ADDRESS _____

Medical History (to be completed by the Applicant) Please check if you have any history of the following:

____ Diabetes ____ Muscle Disease ____ Loss of Vision
____ Seizure Disorder ____ Heart Disease ____ Loss of Hearing
____ Head Injury causing symptoms ____ High Blood Pressure ____ Tuberculosis
____ Brain Tumor ____ Paralysis of any Type ____ Back Injury
____ Shoulder Injury

Have you every received treatment for or been recommended by a physician for treatment of alcoholism or drug abuse? ____ Yes ____ No

Do you currently feel that you use alcohol to excess? ____ Yes ____ No

Do you currently use psychoactive drugs such as marijuana, cocaine, or other similar drugs? ____ Yes ____ No

Are you currently taking any prescribed medications? ____ Yes ____ No

If yes, identify the medication(s). _____

Do you have hay fever or other minor illnesses which require you to take over the counter (nonprescription) medications at times? ____ Yes ____ No

If so, identify the medication(s). _____

I certify I have answered the above questions truthfully and to the best of my ability. I hereby authorize the physician to release the information contained on this certificate to the school division.

Date _____ Signature of Applicant _____

Comments on History of Applicant by Examining Physician: _____

PHYSICAL QUALIFICATIONS FOR SCHOOL BUS DRIVERS

1. No person shall drive a school bus unless that person is physically qualified to do so and has submitted a Certificate signed by the applicant and the doctor for the applicable employment period.

2. A person is physically qualified to drive a school bus if the individual:

a. Has no loss of a foot, a leg, a hand, or an arm which interferes with the ability to control and safely drive a school bus without reasonable accommodations;

b. Has no impairment of the use of a foot, a leg, a hand, finger, or an arm, and no other structural defect or limitation likely to interfere with the ability to control and safely drive a school bus without reasonable accommodations;

c. Has no known medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control likely to interfere with the ability to control and safely drive a school bus without reasonable accommodations;

d. Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other

g. Has no known medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which would interfere with the ability to control and operate a school bus safely without reasonable accommodations;

h. Has no known medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a school bus without reasonable accommodations;

i. Has no known mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the ability to drive a school bus safely without reasonable accommodations;

j. Has both distant and near visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, and field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;

k. First perceives a forced-whispered voice in the better ear at not

cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
e. Has no known medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely without reasonable accommodations;
f. Has no known current clinical diagnosis of high blood Pressure likely to interfere with the ability to operate a School bus safely without reasonable accommodations;

less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951; and
1. Does not use an amphetamine, narcotic, or any habit-forming drug without appropriate physician supervision.

FORM EB.001

Revised 7-01

PHYSICIAN'S CERTIFICATE APPLICANT'S NAME _____

1. Visual Acuity Without Corrective Lenses Distant R20/ _____ L20/ _____
Near R20/ _____ L20/ _____
2. Visual Acuity with Corrective Lenses Distant R20/ _____ L20/ _____
Near R20/ _____ L20/ _____
3. Color Vision _____ Visual fields to 140 degree Horizontal sweep _____
4. Hearing R _____ L _____
5. Audiometry (May be completed by other qualified persons if authorized by examining physician)
Decibel Loss with Hearing Aid at R500 Hz _____ 1000 Hz _____ 2000 Hz _____
L500 Hz _____ 1000 Hz _____ 2000 Hz _____
Decibel Loss without Hearing Aid at R500 Hz _____ 1000 Hz _____ 2000 Hz _____
L500 Hz _____ 1000 Hz _____ 2000 Hz _____
6. Audiometric Test Performed by _____
7. Height _____ Weight _____ B.P. _____ Pulse _____
8. Check if Normal: Head _____ Lungs _____ Extremities _____
Eyes (including Fundi) _____ Heart _____ Neurologic _____
Ears _____ Abdomen _____ Urinalysis _____
Throat _____ Genitalia _____
9. X-ray, EKG, and TB Skin Test Data (if indicated):

I am a duly licensed physician in Virginia, License No. _____. I certify that I have reviewed the Medical History as written hereon, examined the patient as noted above and with the knowledge of his duties and the "Physical Qualifications for school Bus Drivers", I find that he/she is mentally and physically fit to operate a school bus: without restriction _____, with corrective lenses _____, with a hearing aid _____.

As best I can determine, this individual does not have any conditions which might impair level of consciousness, perception, judgement, motor/mechanical functions, or otherwise impair the ability to safely operate a school bus.

As best I can determine by reviewing the history and exam as above, I have no reason to suspect that the applicant uses illegal drugs or excessive amounts of alcohol.

Signed _____ Address _____

Name Printed _____

Date _____ Phone _____

- Notes: 1. The examining physician should be aware of the physical demands and mental and emotional responsibilities placed on a school bus driver. In the interest of public safety, the examining physician is required to certify that the driver does not have any physical, mental or organic defect of such a nature as to affect the driver's ability to operate safely a school bus.
2. This report must be signed personally by the physician and returned to the school division requesting the certificate.