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St. Croix Central School District

ALTERNATIVE VEHICLE DRIVER INFORMATION REQUEST FORM AND CONTRACT

2003 Wisconsin Act 280 requires that alternative vehicle drivers have criminal and driver record checks done every four years. Completion of this form authorizes the school district to process these required checks. When you have completed this form, please submit it to the SCC District Office.

Please print clearly

Applicant's Name (first, middle initial, last) _____

Birth Date (month/day/year) _____

Driver License Number _____

Social Security Number _____

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. (Go to www.scc.k12.wi.us>Transportation> Disqualifications for Driving School Vehicles for a list of offenses)

Yes No Are you currently listed on any sex offender registry?

Yes No 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 year:

Applicant Statements

As an alternative vehicle driver, I agree to report in writing to my employer, within 10 days:

1. 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;
2. Any conviction or operating privilege withdrawal listed under s343.12(7) Wis. Stats., or Ch. Trans. 112.15 WI Admin. Code that makes the operator ineligible to operate a motor vehicle to transport pupils;
3. If I hold a school bus endorsement, any incidents that would disqualify me for holding that endorsement;
4. Any suspension or revocation of my operating privilege;
5. And cancellation of my school bus endorsement of this state or another jurisdiction.

I understand that I may not provide false or incomplete information in respect to any material fact on this or any other background information form. I also understand that it is my responsibility to report any new medical condition that has significantly changed since my last report. My signature authorizes the school district to process the required criminal and driver record checks.

Applicant's Signature _____ Date _____