Approval Date

GADSDEN INDEPENDENT SCHOOL DISTRICT
ACTIVITY DRIVERS APPLICANTS' SUMMARY
TO BE USED BY EMPLOYEES APPLYING FOR ACTIVITY DRIVERS CERTIFICATION
(Application shall be attached to current employee file in Human Resources
as well as in the transportation office for certification purposes)

Site of current employment: _____

Name: _____
Last First Middle

Social Security # _____-_____-_____ Telephone (_____) - _____

Mailing Address _____

_____

Signature _____ Date _____

Note: Applicant agrees to attend a district approved, 4 hour minimum Defensive Driver Training and a 4 hour minimum CPR/First Aide course after completing the basic 4 hour Pre-Service and Driver Training.

No driver may operate a School Activity Vehicle for the purpose of transporting student prior to the Pre-Service and Drivers Training course completion. All other requirements must be completed within a 12 month period of the application date on this document.

File Copies:
Human Resources Employee File
Transportation File