

## **To All Prospective Driver Certification Applicants**

We welcome your inquiry and are happy to know of your interest in becoming a certified school vehicle driver for the School Bus Contractors of Calvert County Public Schools. Attached are the application forms and all related materials. If you desire additional information, feel free to contact me. A resume will **NOT** be accepted in lieu of completing the application in its entirety on the forms provided. You may attach a resume to supplement your work history if you so desire.

You are asked to submit three references from person who have directly supervised you and can relate to your success. Please ask these persons to complete and return the references and return them with your application. It has been our experience that references are received promptly if handle by the applicant. As a result, we can process your application faster. Be sure to put your name in the space allotted at the top of the reference form before distributing them.

Your promptness in supplying the information requested would be greatly appreciated. However, if the application is not completed in its entirety, I will not be able to process it and schedule the required classroom instruction.

Application files are maintained for a minimum of 6months from the date received.

Sincerely,

Chuck Baker  
School Vehicle Instructor  
Transportation Department  
Calvert County Public Schools  
1305 Dares Beach Road  
Prince Frederick, MD 20678  
443-550-8778

CALVERT COUNTY PUBLIC SCHOOLS  
Pupil Transportation Department  
1305 Dares Beach Road  
Prince Frederick, Maryland 20678

**CERTIFICATION**  
**FOR SCHOOL VEHICLE DRIVER**

**IDENTIFICATION**

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
\_\_\_\_\_  
Last First Middle  
Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
Number & Street City State Zip Code  
\_\_\_\_\_  
Date of Birth Home Phone Business Phone Other Phone  
\_\_\_\_\_  
Mo / Day / Year Area Area Area

**DRIVING INFORMATION**

Valid operator's license held: CDL \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Class \_\_\_\_\_ Expires \_\_\_\_\_  
CDL Endorsements \_\_\_\_\_ License # \_\_\_\_\_  
Years of Driving Experience:  
Car – No. of years \_\_\_\_\_ Truck – No. of years \_\_\_\_\_ Bus – No. of years \_\_\_\_\_  
Years of driving experience with a standard shift vehicle:  
Car – No. of years \_\_\_\_\_ Truck – No. of years \_\_\_\_\_ Bus – No. of years \_\_\_\_\_  
Have you ever driven a school bus? \_\_\_\_\_ Yes \_\_\_\_\_ No For Whom? \_\_\_\_\_  
How many years? \_\_\_\_\_ Who trained you? \_\_\_\_\_  
Have you been in a traffic accident in which you were the operator of one of the vehicles involved? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Have you ever been convicted of any moving violation of traffic law(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "Yes", state violation(s) \_\_\_\_\_  
Has your license ever been suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", when? \_\_\_\_\_  
If "Yes", state violation(s) \_\_\_\_\_  
Are you willing to take training courses for school bus drivers and to attend periodic safety meetings? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EDUCATION**

Highest Grade Completed \_\_\_\_\_ Elementary School \_\_\_\_\_ High School \_\_\_\_\_ College / University  
Other Schools (Business School, Trade School, Etc.) \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

(Start with the last place of employment)  
(List maiden name if used in previous employment) \_\_\_\_\_

Employer’s Name

Address

Phone

From \_\_\_\_\_ To \_\_\_\_\_

Your Position

Reason for Leaving

Duties of Job

Supervisor’s Name

Employer’s Name

Address

Phone

From \_\_\_\_\_ To \_\_\_\_\_

Your Position

Reason for Leaving

Duties of Job

Supervisor’s Name

**PERSONAL REFERENCES**

(Should be job-related, if possible)

Name		Street & Number	
Phone No.	No. of years acquainted	City & State	Zip Code

Name		Street & Number	
Phone No.	No. of years acquainted	City & State	Zip Code

Name		Street & Number	
Phone No.	No. of years acquainted	City & State	Zip Code

## **CONVICTION OR DISMISSAL**

Have you ever been convicted of a criminal offense? (Do not include minor traffic violations for which a fine of \$100 or less was imposed.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of DWI or DUI for alcohol or any other drug? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been dismissed, asked to resign or refused employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If your answer to any of the above questions is "Yes", please provide details.

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## **DRIVING RECORD**

You must furnish a copy of your complete driving history to the Calvert County Public Schools Transportation Department prior to beginning the certification process. This driving history does not have to be a certified copy, but it must be a complete history.

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## **WAIVER FOR CRIMINAL RECORD CHECK**

This is my authorization to all law enforcement agencies to furnish a copy of my criminal record if any, to: Calvert County Public Schools.

## **STATEMENT FOR APPLICATION**

I understand Calvert County Public Schools certifies all prospective School Vehicle Drivers. I also acknowledge the Calvert County School Vehicle Contractors are the employers of all School Vehicle Drivers in Calvert County.

## **AFFIRMATION**

I hereby affirm that the information I provided in this form is true and complete to the best of my knowledge and belief. I understand that any misrepresentation, falsification or omission will be sufficient cause for cancellation of the certification or withdrawal of approval to drive a school vehicle. Calvert County Public Schools has my permission to contact all past employers and personal references.

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Signature of Candidate for School Vehicle Driver

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Date

## **PUPIL TRANSPORTATION PRE-SERVICE INSTRUCTIONAL RECORDS**

### **CLASSROOM INSTRUCTION**

DATE	START TIME	END TIME	TOTAL TIME	LOCATION

\_\_\_\_\_  
Signature of Trainer

\_\_\_\_\_  
Date

COMMENT: \_\_\_\_\_

### **BEHIND THE WHEEL INSTRUCTION**

DATE	START TIME	END TIME	TOTAL TIME	BUS #	SKILL COVERED

\_\_\_\_\_  
Signature of Trainer

\_\_\_\_\_  
Date

COMMENT: \_\_\_\_\_

OTHER REQUIREMENTS COMPLETED	YES	NO	COMMENTS
APPLICATION RECEIVED			
DRIVING RECORD			
CRIMINAL RECORD			
DRUG TEST			
PHYSICAL EXAMINATION			
REFERENCES RECEIVED			
FINGERPRINTS TAKEN			
PHOTO TAKEN FOR ID BADGE			

\_\_\_\_\_  
Signature of Transportation Supervisor

\_\_\_\_\_  
Date

CALVERT COUNTY PUBLIC SCHOOLS

New Hire – Paid Position

Live Scan Fingerprint Registration

**NAME:** \_\_\_\_\_  
(Last, Suffix) (First) (Middle)

**ALIAS:** \_\_\_\_\_  
(Include all names – maiden, married, nicknames)

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **SEX:** \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Unknown  
(Year) (Month) (Day)

**CIRCLE THE CODES THAT APPLY**

<b><u>HAIR COLOR:</u></b>	<b><u>EYE COLOR:</u></b>	<b><u>HEIGHT:</u></b> _____ (Feet) (Inches)
Bald.....BAL	Black.....BLK	
Black.....BLK	Blue.....BLU	
Blonde/Strawberry...BLN	Brown.....BRO	<b><u>WEIGHT:</u></b> _____ (Pounds) (Ounces)
Brown.....BRO	Gray.....GRY	
Grey/Part Gray.....GRY	Green.....GRN	
Green.....GRN	Hazel.....HAZ	<b><u>CIRCLE THE CODE THAT APPLIES</u></b>
Red/Auburn.....RED	Maroon.....MAR	<b><u>RACE:</u></b>
Orange.....ONG	Multicolored.....MUL	American Indian/Alaskan Native.....I
Purple.....PLE	Pink.....PNK	Asian/Pacific Islander.....A
Sandy.....SDY	Unknown.....XXX	White.....W
Unknown.....XXX		Black.....B
White.....WHI		Unknown.....U

**BIRTHPLACE:** \_\_\_\_\_ **CITIZENSHIP:** \_\_\_\_\_  
(U.S. State or Foreign Country) (Country)

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OR ON PROBATION OF A CRIME:** YES OR NO

**ARE THERE ANY PENDING CHARGES** YES OR NO

**DRIVER'S LICENSE #** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**MISCELLANEOUS ID #** \_\_\_\_\_ **TYPE:** \_\_\_\_\_

**PHONE: DAY #** \_\_\_\_\_ **EVENING #** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(Number) (Street) (PO Box) (Apt #)

\_\_\_\_\_  
(City) (State) (Zip Code)

I am aware all employees, contracted employees, mentors, coaches, and volunteers are subject to pay \$40.00 (in cash only) fingerprinting background check fee, as of July 1, 2015. If a break in-service occurs, including seasonal positions, I will be required to be re-fingerprinted upon returning, at an additional cost of \$40.00 (in cash only)

**ACTUAL SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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**If you decide to mail the application back be sure to  
use the address below:**

**Calvert County Public Schools  
Transportation Department  
Attn: Chuck Baker, Driver Trainer  
1305 Dares Beach Road  
Prince Frederick, MD 20678**

If you decide to return the application in person, we are located on Dorsey Road in the back parking lot behind the Career and Technology Academy. We are in the beige trailer with the silver entry ramp. If lost, call 443-550-8778 and we will assist.

CALVERT COUNTY PUBLIC SCHOOLS  
Prince Frederick, Maryland 20678

NOTICE

TO

SCHOOL VEHICLE DRIVER  
APPLICANTS

THE CALVERT COUNTY PUBLIC SCHOOLS PROHIBITS THE USE, POSSESSION, PURCHASE, SALE, DISTRIBUTION AND BEING UNDER THE INFLUENCE OR IMPAIRED BY A CONTROLLED DANGEROUS SUBSTANCE AT ANYTIME. ALCOHOL SHOULD NOT BE USED 6 HOURS PRIOR TO OPERATING A SCHOOL VEHICLE, OR WHILE ON ANY SCHOOL PROPERTY AT ANY TIME.

PRE-EMPLOYMENT CONTROLLED DANGEROUS SUBSTANCE (CDS) TESTING  
REQUIRED

AS A PART OF THE PRE-EMPLOYMENT PROCESS, SCHOOL VEHICLE DRIVER APPLICANTS ARE REQUIRED TO COMPLETE A CONTROLLED DANGEROUS SUBSTANCE (CDS) TEST. ANY APPLICANT WHO TESTS POSITIVE FOR PROHIBITED CONTROLLED DANGEROUS SUBSTANCES, OR WHO REFUSES TO TAKE THE REQUIRED TEST, WILL NOT BE CERTIFIED.

POST-EMPLOYMENT CONTROLLED DANGEROUS SUBSTANCE (CDS) TESTING  
REQUIRED

IF YOU ARE CERTIFIED AS A SCHOOL VEHICLE DRIVER TO OPERATE FOR A CONTRACTOR IN SERVICE TO CALVERT COUNTY PUBLIC SCHOOLS, YOU WILL BE SUBJECT TO CDS TESTING AT RANDOM SCHEDULING, AFTER CERTAIN ACCIDENTS OR INCIDENTS, AND WHENEVER THERE IS REASONABLE CAUSE TO SUSPECT THAT YOU MAY HAVE INGESTED A CONTROLLED DANGEROUS SUBSTANCE.

EFFECTIVE SEPTEMBER 10, 2009



REQUIREMENTS TO BECOME  
A SCHOOL VEHICLE DRIVER

- Sign up for the class with Driver Instructor (443-550-8778) at the Department of Transportation.
- Completely fill out the form.
- Obtain a lifetime driving history from MVA. (This does not have to be a certified copy.)
- Complete the required one-day class. Be on time and bring your driving record to the class if you have not already submitted one. You must attend the entire day. There can be no exceptions.
- Driver Instructor will arrange for fingerprinting. Cost to potential driver of \$40.00
- After successfully completing the class, obtain a DOT physical. This is at your expense. Contact the Department of Transportation Department for copies of the physical if needed.
- Obtain a learner's permit from MVA. This requires passing four (4) written tests: General Knowledge; passenger; Air Brakes; and School Bus. All potential drivers are required to take the air brake test.
- Show MVA your DOT card, pay \$90.00 once all written test have been successfully passed. You will then receive your learners' permit.
- Contact Driver Instructor at the Department of Transportation (443-550-8778) to schedule the behind the wheel training. No training dates or MVA testing dates can be determined until the trainee has the learner's permit.
- Successfully complete the MVA pre-trip, skills, and road test. Receive CDL class B license with passenger and school bus endorsement.
- Complete mandatory pre-employment controlled dangerous substance testing.

IF ALL THESE STEPS ARE SUCCESSFULLY COMPLETED, YOU WILL THEN BE A CERTIFIED SCHOOL BUS DRIVER BY CALVERT COUNTY PUBLIC SCHOOLS. ONLY THEN CAN CONTRACTORS TO CALVERT COUNTY PUBLIC SCHOOLS OFFER YOU EMPLOYMENT AS A SCHOOL VEHICLE DRIVER.

\*\*\*Note: Upon successful completion of the driver certification pre-service class and behind-the-wheel training, you will be required to drive for a Calvert County School Bus Contractor under contract to Calvert County Public Schools for six (6) months as a substitute or full-time driver for a regular route bus. If you complete the required (6) months you will be reimbursed the cost of the learners permit. Provided you submit the original receipt from the Motor Vehicle Administration. Should you fail to meet this requirement, you must reimburse Calvert County Transportation Department \$750 for the training that was provided.

\*\*\*Note: Upon submitting an application you become a School Vehicle Driver Trainee. Trainees who fail to meet the Code of Maryland Regulations requirements for School Vehicle Driver Trainee or School Vehicle Driver are placed on a statewide Disqualified Driver List by Calvert County Public Schools. Persons on this list are not eligible to drive a school vehicle for any public school system in Maryland. Under certain circumstances, however, the Supervisor of Transportation from another Maryland school system may still consider your application to their school system in the future.

My signature below verifies that I have received a copy of these requirements to become certified as a school bus driver and that I accept responsibility to fulfill the six-month driving requirement.

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Print Name

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Signature

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Date

**CONTROLLED DANGEROUS SUBSTANCE (CDS) / ALCOHOL TEST CONSENT AND  
PRE-EMPLOYEMENT / RANDOM / POST-ACCIDENT / REASONABLE CAUSE  
RELEASE**

DATE \_\_\_\_\_

TIME \_\_\_\_\_

HAVING BEEN ADVISED THAT A PRE-EMPLOYMENT, RANDOM, POST-ACCIDENT AND REASONABLE CASE CONTROLLED DANGEROUS SUBSTANCE (CDS) AND /OR ALCOHOL TEST IS A CONDITION OF EMPLOYEMENT, AND THAT I MUST NOT TEST POSITIVE FOR A CDS IN ORDER TO BE PHYSICALLY QUALIFIED FOR CERTIFICATION OR CONTINUED CERTIFICATION BY CALVERT COUNTY PUBLIC SCHOOLS (CCPS), I \_\_\_\_\_ ,  
HEREBY CONSENT TO THE SUBMISSION OF MY URINE / BLOOD SPECIMEN TO THE LABORATORY DESIGNATED BY CCPS AND TO ANALYZE THE SPECIMEN FOR CONTROLLED SUBSTANCES. A BREATHALIZER TEST MAY ALSO BE REQUIRED. FURTHER, I HEREBY RELEASE THE MEDICAL REVIEW OFFICER (TESTING LABORATORY), THE CCPS AND THEIR EMPLOYEES AND AGENTS FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION RESULTING FROM THE COLLECTION AND TESTING OF THIS SPECIMEN AND FROM DISCLOSURE OF THESE RESULTS. I HEREBY FURTHER AGREE TO WAIVE ANY PHYSICIAN / PATIENT PRIVILEGE THAT MAY OTHERWISE EXIST WITH RESPECT TO CONFIDENTIALITY FOR THE RESULTS OF THIS DRUG TEST.

I UNDERSTAND THAT REFUSAL TO SUBMIT TO ANY TEST IS DESCRIBED ABOVE BY THIS POLICY OR REFUSAL TO AUTHORIZE THE RELEASE OF THE RESULTS IS GROUNDS FOR CCPS TO REFUSE TO CERTIFY ME AND OR DISCIPLINARY ACTION UP TO AND INCLUDING IMMEDIATE DECERTIFICATION.

I UNDERSTAND THAT A CONFIRMED POSITIVE TEST RESULT IS GROUNDS FOR CCPS TO REFUSE TO CERTIFY OR TAKE DISCIPLINARY ACTION UP TO AND INCLUDING IMMEDIATE DECERTIFICATION. I AUTHORIZE THE DISCLOSURE OF POSITIVE TEST RESULTS TO THE STATE DEPARTMENT OF EDUCATION CLEARINGHOUSE AND REDISCLOSURE TO OTHER LOCAL SCHOOL SYSTEMS IN MARYLAND UNDER THE CONDITIONS OUTLINED IN THIS POLICY.

I HEREBY RELEASE THE CCPS, THE STATE OF MARYLAND AND THEIR AGENTS FROM ANY AND ALL LIABILITY ARISING FROM THE DISCLOSURE OR THE USE CONSISTENT WITH THE POLICY AND APPLICABLE STATUTORY REQUIREMENTS OF THE INFORMATION DERIVED FROM OR CONTAINED IN MY TEST RESULTS.

\_\_\_\_\_  
APPLICANTS SIGNATURE

XXX-XX-\_\_\_\_\_  
SOCIAL SECURITY NO.

\_\_\_\_\_  
APPLICANTS NAME (PRINTED)

\_\_\_\_\_  
SIGNATURE OF WITNESS

## **PREVIOUS PRE-EMPLOYMENT EMPLOYEE**

### **ALCOHOL AND DRUG TEST STATEMENT**

(To be completed by ALL new hires prior to commencement of safety sensitive duties)

46CFR Part 40.25(j)

As the employer, you MUST also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug and/or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 (two) years. If the employee admits that he or she had a positive test result, you MUST NOT use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return to duty process as outlined in Subpart O of the drug and alcohol testing regulations.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prospective Employee Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

The prospective employee is required by 49 CFR Part 40.25 (j) to respond to the following questions:

1. Have you tested positive, or refused to test, on ANY pre-employment drug and/or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation employment covered by US DOT agency drug and/or alcohol testing rules during the past 2 (two) years?  
☐ YES                      ☐ NO
2. If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return to duty requirement?  
☐ YES                      ☐ NO

\_\_\_\_\_  
Prospective Driver Signature

\_\_\_\_\_  
Date

**RECORD OF DRUG AND ALCOHOL AWARENESS**  
**EDUCATION FOR DRIVERS**

I have received a minimum of sixty minutes of educational materials concerning alcohol and drug abuse in the workplace, the effects of alcohol and drugs on work performance and health and the procedures to be utilized in the Calvert County Public Schools School Vehicle Driver "Drug and Alcohol Testing Program".

\_\_\_\_\_  
(Printed Name of the Prospective Driver)                      (Date)

\_\_\_\_\_  
(Signature of the Prospective Driver)

Calvert County Public Schools  
(Name of Firm)

CALVERT COUNTY PUBLIC SCHOOLS  
1305 Dares Beach Road  
Prince Frederick, Maryland 20678  
443-550-8786

An Application has been received from \_\_\_\_\_ (Name) for the position of school bus driver.

We believe that you can provide us with some helpful information concerning the personal and professional characteristics of this applicant. Be assured that the information given us will be treated confidentially. We shall be grateful for an early answer to this request.

~~~~~

Known to me as (i.e., employee, co-worker, supervisor, etc.) (should be work related, if possible)

\_\_\_\_\_

| Characteristics                      | Excellent | Above Average | Average | Poor | Unknown |
|--------------------------------------|-----------|---------------|---------|------|---------|
| Quality of work                      |           |               |         |      |         |
| Consideration of New Ideas           |           |               |         |      |         |
| Personal Qualities: Mental Abilities |           |               |         |      |         |
| Reliability                          |           |               |         |      |         |
| Appearance                           |           |               |         |      |         |
| Character                            |           |               |         |      |         |
| Health                               |           |               |         |      |         |
| Relationships With: Children         |           |               |         |      |         |
| Fellow Employees                     |           |               |         |      |         |
| Foreman or Supervisor                |           |               |         |      |         |

Would you employ or re-employ this person: \_\_\_\_\_ If not, why? \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

CALVERT COUNTY PUBLIC SCHOOLS  
1305 Dares Beach Road  
Prince Frederick, Maryland 20678  
443-550-8786

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\_\_\_\_\_

Characteristics	Excellent	Above Average	Average	Poor	Unknown
Quality of work					
Consideration of New Ideas					
Personal Qualities: Mental Abilities					
Reliability					
Appearance					
Character					
Health					
Relationships With: Children					
Fellow Employees					
Foreman or Supervisor					

Would you employ or re-employ this person: \_\_\_\_\_ If not, why? \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

CALVERT COUNTY PUBLIC SCHOOLS  
1305 Dares Beach Road  
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| Quality of work                      |           |               |         |      |         |
| Consideration of New Ideas           |           |               |         |      |         |
| Personal Qualities: Mental Abilities |           |               |         |      |         |
| Reliability                          |           |               |         |      |         |
| Appearance                           |           |               |         |      |         |
| Character                            |           |               |         |      |         |
| Health                               |           |               |         |      |         |
| Relationships With: Children         |           |               |         |      |         |
| Fellow Employees                     |           |               |         |      |         |
| Foreman or Supervisor                |           |               |         |      |         |

Would you employ or re-employ this person: \_\_\_\_\_ If not, why? \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_