



School Bus Operator Applicant Form

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

FCPS Form 300-40F
[Regulation 300-40](#)
March 2023

Clear Form

Applicant Name: _____

Last 4 digits of SSN: _____

Frederick County Public Schools' bus operators must drive according to state laws and the United States Department of Transportation's rules. Bus drivers are responsible for the appearance of their buses and must check the gas, oil, water levels, as well as conduct a commercial driver's license (CDL) walk-around inspection before driving and report all mechanical problems. Drivers must fill out reports about accidents and make sure that students behave properly. If you are not sure that you can do these things, please discuss your concerns with the person who conducts your interview.

You should already have an application on file with a motor vehicle administration report showing five (5) years of good driving (no points) and at least two (2) references from your most recent employers. Next, you will be interviewed.

If you are considered for employment, you will complete a pre-employment physical examination and undergo a drug test. **IF YOU TEST POSITIVE FOR PROHIBITED DRUGS, OR IF YOU REFUSE TO TAKE THE DRUG TEST, OR IF YOU DO NOT MEET MARYLAND'S MEDICAL REQUIREMENTS FOR DRIVING A BUS, YOU WILL NOT BE EMPLOYED.** You can discuss the medical requirements with the person conducting your interview.

After these examinations, you will attend training classes that prepare you to take the state's written examination for a Class B license. If you pass the written test, you will receive on-the-road training. Once you meet all of the state's requirements, you can work as a school bus operator.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE INFORMATION AND HAVE RECEIVED THE DRUG AND ALCOHOL TESTING REGULATION AND PROCEDURES.

Signature: _____ Date: _____

AVAILABILITY

(Please check the days and times you can work)

Days I can work:

Monday Tuesday Wednesday Thursday Friday

Number of hours I can work daily:

2 hours 4 hours more than 4 hours

**FREDERICK COUNTY PUBLIC SCHOOLS
DRUG AND ALCOHOL TEST CONSENT AND RELEASE
PRE-EMPLOYMENT / RANDOM/POST-ACCIDENT / REASONABLE CAUSE**

Date _____ Time _____ AM PM

Having been advised that a pre-employment, random, post-accident, and reasonable cause drug and alcohol test is a condition of employment, and that I must not test positive for alcohol or controlled substances in order to be physically qualified for employment or continued employment with the Frederick County Public School system, I, _____, hereby consent to the submission of my urine specimen to the certified laboratory designated by the Frederick County Public School system and to analysis of the specimen for controlled substances. Once employed, an alcohol breathalyzer test will also be required. 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. The Frederick County Public School system will use such information consistent with this regulation and applicable statutory provisions.

I understand that refusal to submit to any test as described above by this regulation or refusal to authorize the release of the results is grounds for the Frederick County Public School system's refusal to hire me or to terminate me.

I understand that a confirmed positive test result is grounds for the Frederick County Public School system to refuse to hire me or to permanently disqualify me from driving a CDL vehicle. I authorize the disclosure of positive test results and identifying personal information to the Maryland State Department of Education Clearinghouse and re-disclosure to other local school systems in Maryland under the conditions outlined in this regulation.

I hereby release Frederick County Public Schools, the State of Maryland, and their agents from any and all liability arising from the disclosure for use consistent with this regulation and applicable statutory requirements of the information derived from or contained in my test results.

Applicant Signature

Last 4 Digits of SSN

Applicant Name (printed)

Witness Signature

Witness name (printed)