

SEYMOUR COMMUNITY SCHOOL DISTRICT
EMPLOYEE'S APPLICATION TO TRANSPORT STUDENTS

TO BE COMPLETED BY APPLICANT

Name: _____

Home Address: _____

School: _____ Position: _____

Are you aware of any physical and/or medical condition that has the potential to impair your ability to operate a motor vehicle?

YES

NO

If yes, what would that condition be?

Signature of Licensee of Applicant

Date