

School Bus Driver and Aide Drug Test Verification

School Bus Driver Pre-Employment Verification

I certify that the following driver was given a DOT pre-employment drug test after receiving a Commercial Driver Permit (CLP) and the result was negative. I have also completed a full query search within the FMCSA Drug & Alcohol Clearinghouse on the following driver and they are eligible for employment.

Employee Name: _____
Date of Test: _____
Employee Driver License Number/State: _____
School District/Charter School: _____

School Bus Employer (Company Name): _____
Employer Signature: _____
Date: _____

School Bus Aide Pre-Employment Verification

I certify that the following driver was given a NON-DOT pre-employment drug test and the result was negative.

Employee Name: _____
Date of Test: _____
Employee Driver License Number/State: _____
School District/Charter School: _____

School Bus Employer (Company Name): _____
Employer Signature: _____
Date: _____