

SAMPLE FORM ONLY

		Local Program Name					
			Transportation				
		Driver Training Record					
Drivers Full Name			Date received drug handbook				
Birth date	-	-	Date received personnel handbook				
License Number			Date received policy				
Expiration			Drug consent form signed				
Medical Card			Pre-service completed				
Expiration			Employment agreement				
Employment Status			Date of Evaluation				
Hire Date			Date of Fit for Duty				
			References checked				
Motor Vehicle Report				1st Accident			
Points				2nd Accident			
Violations				3rd Accident			
Background Check			Comments				
Training	Date	Subject				Trainer Initial	Driver Initial