



School District of Holmen

Alternative Vehicle Driver Background Check and Contract Form – Form #1

Please Print

First Name:	Last Name:
Driver's License Number:	State of Issuance:
Email Address:	
What is your affiliation to the School District of Holmen:	

Part A – To be filled out by Non-District Employees

Date of Birth:

Part B – To be filled out by ALL alternative drivers - Please circle the correct response

Have you ever been convicted of a crime or other offense listed under s.343.12(7) Wis. Stats. Or Ch. Trans. 11215 WI Admin Code within the time frame listed on the attached crimes? Yes No Explanation:
Are you currently listed on any sex offender registry? Yes No Explanation:

Applicant Statements

As an Alternative Vehicle Driver, I agree to report in writing to the Director of Transportation, with 10 days:

1. Any accident in which I was involved as the operator of any motor vehicle regardless of who was at fault or if citations were issued.
2. Any conviction or operating privilege withdrawal listed under s.343.12(7) Wis. Stats., or Ch. Trans. 112.15 WI Admin Code that makes the operator ineligible to operate a motor vehicle to transport pupils.
3. Any suspension or revocation of my operating privilege.

I understand that I may not falsify or provide incomplete information in respect to any material fact on this or any other background information form.

I also understand that it is my responsibility to report any new medical condition or a medical condition that has significantly changed since my last report.

Applicant Signature:
Date: