**RESA 7**

**School Bus Driver Trainees**

 **RESULTS TO:**

1201 N. 15th Street

Clarksburg, WV 26301

Victor Gabriel, Substitute Bus Driver Program Coordinator

304-624-6554

**MAIL or FAX RESULTS ATTENTION: LYNN VANCE, RESA 7 BUS PROGRAM**

**Email: levance@k12.wv.us**

**FAX: 304.624.3665**

Facility Name/Location: **Elkins Express Care**

Driver Trainee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: **RESA 7**

County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL REQUIRED AT TIME OF VISIT:**

\*DOT physical (only 1 year approval)

\*Urine Drug Screen (Modality FMCSA) - Chain of Command

\*Breath Alcohol

**REASON FOR TESTS:**

 **Pre Employment** - All collections are to be performed on a DOT form with an MRO noted.

**BILLING CONTACT:**

 RESA 7, ATTN: Scott Reider, Director of Finance, 1201 N. 15th Street, Clarksburg, WV 26301.

 Reference the County in the Billing.