 **RESA 7 School Bus Driver Trainees**

**Billing Account: RESA 7 All Accounts #5384-1773**

**\*PLEASE PUT ALL RESULTS INTO THE RESA 7 ESCREEN ACCOUNT FOR VIEWING**

**RESULTS TO:**

 Victor Gabriel, Substitute Bus Driver Program Coordinator

1201 N. 15th Street

Clarksburg, WV 26301

304-624-6554

Facility Name/Location: **MedExpress**

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.