



Motor Carrier Attachment
Accident Driver Personnel File
Oakland, Iowa December 12, 2017
HWY18MH003
(27 pages)

Form TD-F-5487B
Revised 5/2002

Iowa Department of Education Application for School Bus Driver's Permit

Transportation Consultant
Grimes State Office Building - Des Moines, IA 50319-0148

FOR P.E. USE	
<input type="checkbox"/>	Contact Lenses
<input type="checkbox"/>	Hearing Aids
<input type="checkbox"/>	Other _____

COUNTY	DISTRICT NUMBER	NON-PUBLIC ED. CONTRACTOR	NAME: PUBLIC OR NON-PUBLIC SCHOOL/DAYCARE	CONTRACTOR/DISTRICT NAME IF APPLICABLE
			Riverside	

PART II (MUST BE COMPLETED BY APPLICANT/DRIVER)

Driver Name: Hendricks Donald N.
(LAST) (FIRST) (MI)

[Redacted Address Section]

Vehicle to be operated: 5 Passenger Auto, Van, Wagon Only Yellow School Bus

I hereby agree to the conditions outlined in "Application Agreement" on the reverse side of this application and certify, to the best of my knowledge and belief, that I am free from any disease, physical or emotional impairments, and drug or chemical dependence that would interfere with my duties as a school bus driver.

[Signature]
SIGNATURE OF APPLICANT
6/13/02
DATE

PART I - SCHOOL CONTRACTOR CERTIFICATION

I hereby certify that the applicant has complied with Section 43.22, Iowa Administrative Code by demonstrating sufficient ability to safely operate the vehicle(s) representative of the vehicle(s) required to be operated during employment, has an acceptable driving record in accordance with district policy and is knowledgeable of traffic laws and regulations pertaining to the operation of a school bus. The applicant will also be subject to facial drug and alcohol regulations when applicable.

SIGNATURE, AUTHORIZED SCHOOL CONTRACTOR OFFICIAL

TITLE

DATE AUTHORIZED



Iowa Department of Education
Application for School Bus Driver's Permit

Transportation Consultant

Grimes State Office Building - Des Moines, IA 50319-0146

Form TSP-407E
 Revised 12/99

FOR DE USE	
<input type="checkbox"/>	Convective Lenses
<input type="checkbox"/>	Hearing Aids
<input type="checkbox"/>	Other _____

COUNTY	DISTRICT NUMBER	NONPUBLIC SCHOOL CONTRACTOR			

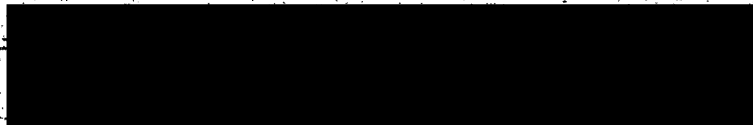
Riverside

NAME PUBLIC OR NONPUBLIC SCHOOL/DAYCARE

CONTRACTOR/DISTRICT NAME IF APPLICABLE

PART I: (MUST BE COMPLETED BY APPLICANT/DIVER) **PART II: SCHOOL CONTRACTOR CERTIFICATION**

Driver Name: Hendricks Donald N
LAST FIRST MI



I hereby certify that this applicant has complied with Section 40.22, Iowa Administrative Code by demonstrating his/her ability to safely operate the vehicle(s) representative of the vehicle(s) required to be operated during employment, has an acceptable driving record in accordance with district policy and is knowledgeable of traffic laws and regulations pertaining to the operation of a school bus. The applicant will also be subject to Federal drug and alcohol regulations when applicable.

Vehicle to be operated: Passenger Auto, Van/Wagon Only Yellow School Bus

I hereby agree to the conditions outlined in "Application Agreement" on the reverse side of this application and certify to the best of my knowledge and belief, that I am free from any disease, physical or emotional impairment, and drug or chemical dependence that would interfere with my duties as a school bus driver.

Donald N. Hendricks
 SIGNATURE OF APPLICANT

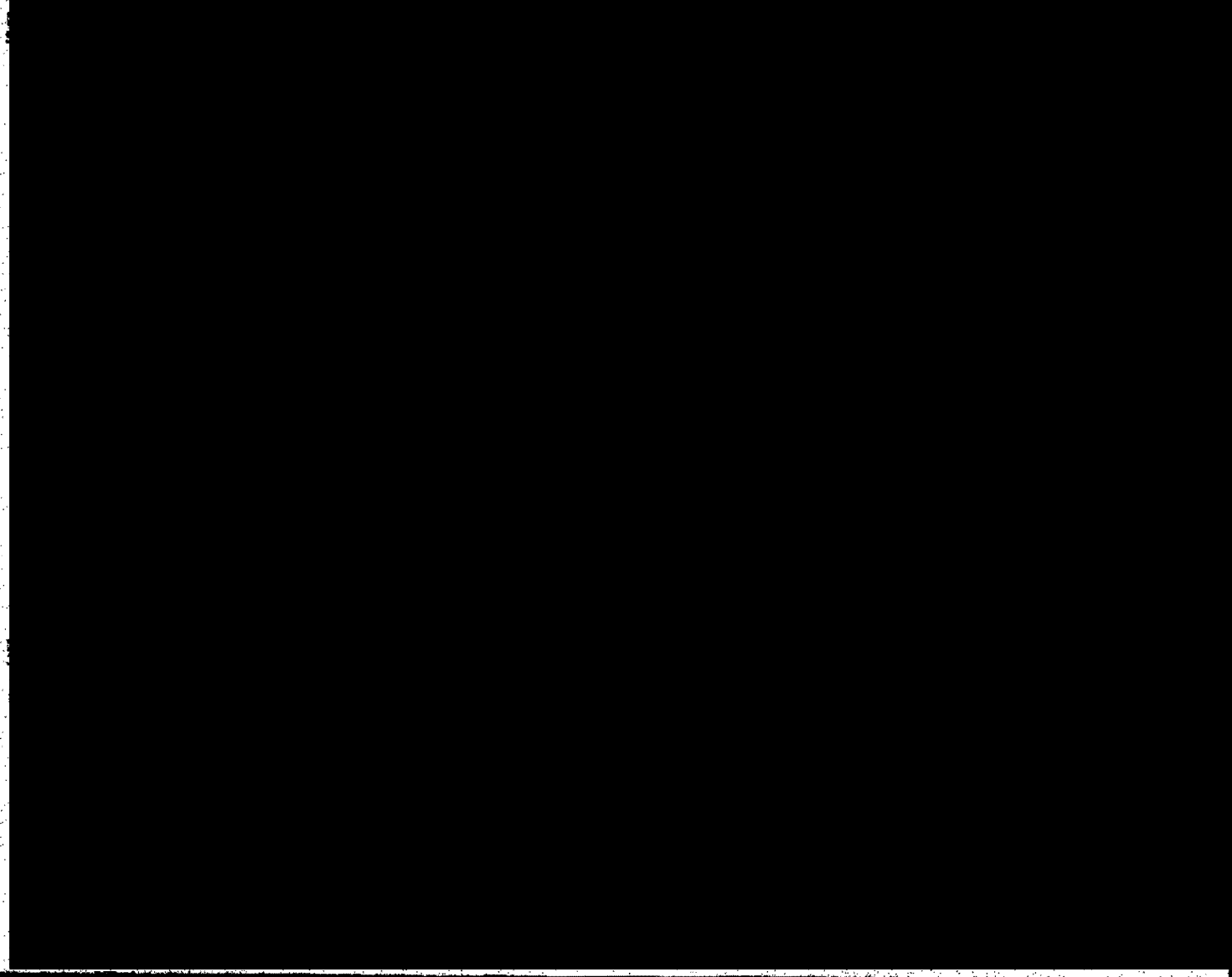
6/19/01
 DATE

SIGNATURE AUTHORIZED SCHOOL CONTRACTOR OFFICIAL

TITLE

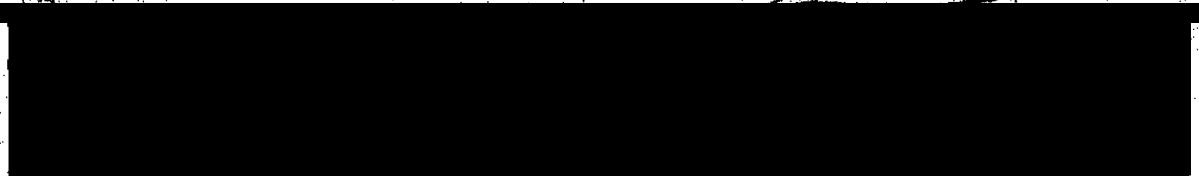
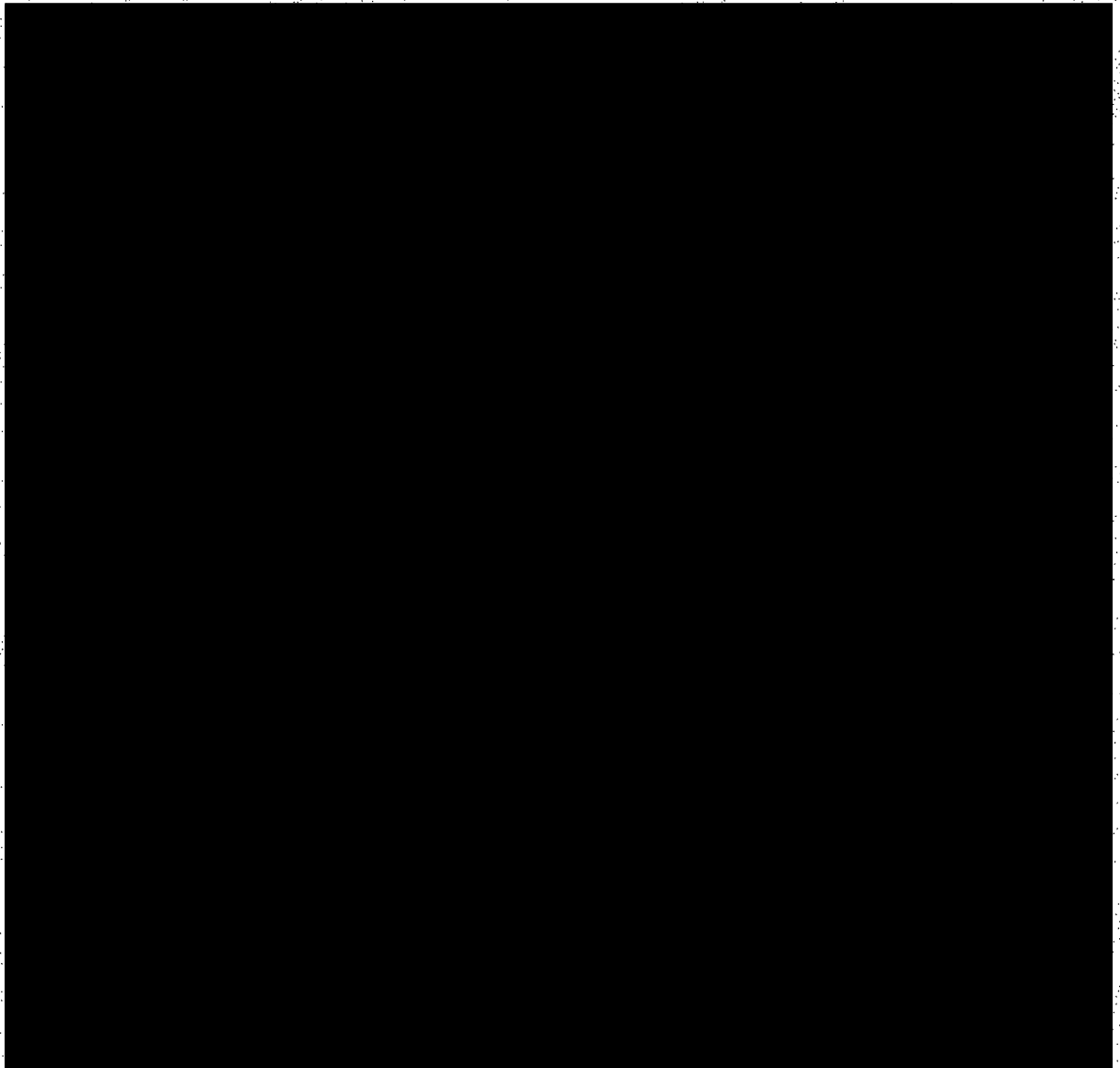
DATE AUTHORIZED

PART III: PHYSICAL EXAMINATION FOR SCHOOL BUS DRIVER



PHYSICAL EXAMINATION OF DRIVERS

Name: Donald N. Hendricks
Address: Casson Lane 56525
Social Security No.: _____ Date of Birth: _____ Age: _____
 New Certification Recertification



MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Donald N. Hendricks in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-29, 40) and with knowledge of his/her duties, I find him/her qualified under the regulations.

- Qualified only when wearing corrective lenses.
- Qualified only when wearing a hearing aid.
- Medically unqualified unless accompanied by a _____ driver.
- Medically unqualified unless driving within an exempt intracity zone.

A completed examination form for this person is on file in my office at _____ (Address of Examiner)

6/2003 _____ (Date of Exam)
William H. Hendricks _____ (Signature of Medical Examiner)
William H. Hendricks _____ (Name of Examiner)
_____ (Address of Examiner)
_____ (City and State of Examiner)

NOTE: Medical Examiner's Certificate must be retained in Driver's Qualification File.
© Copyright 1994 & Renewed By J. KELLER & ASSOCIATES, INC. - Kansas, Missouri 64617-5368

Form TR-4-4578
Revised 5-88

Iowa Department of Education
Application for School Bus Driver's Permit
Transportation Consultant
James State Office Building • Des Moines, IA 50319-0146

FOR D.E. USE	
<input type="checkbox"/>	Corrective Lenses
<input type="checkbox"/>	Hearing Aids
<input type="checkbox"/>	Other

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

EG DISTRICT NUMBER: _____ SCHOOL DISTRICT NAME OF APPLICANT: _____ CONTRACTOR/DISTRICT NAME: _____

Driver Name: Donald N Hendricks [Redacted]

(FIRST) (MI) (LAST)

Vehicle Endorsement Being Sought:

9 Passenger Auto Van Wagon Only

(Yellow) School Bus

COLORADO LICENSE EXPIRATION DATE: _____ [Redacted]

I hereby agree to the conditions outlined in "Application Agreement" on the reverse side of this application and certify to the best of my knowledge and belief, that I am free from any disease, physical or emotional impairment, drug or chemical dependence that would interfere with my duties as a school bus driver.

[Signature] _____ [Redacted]

SIGNATURE OF APPLICANT DATE OF SIGNATURE



SIGNATURE, AUTHORIZED SCHOOL OFFICIAL: _____ TITLE: _____ DATE AUTHORIZED: _____

WHITE COPY - DEPARTMENT OF EDUCATION - YELLOW COPY - SCHOOL DISTRICT

90-1170-2 IR

Form TR-8-1978
Revised 5-99

Iowa Department of Education
Application for School Bus Driver's Permit

Transportation Consultant
Grimes State Office Building • Des Moines, IA 50319-0148

FOR D.E. USE	
<input type="checkbox"/>	Complete Form
<input type="checkbox"/>	Passing Act(s)
<input type="checkbox"/>	Date: _____

--	--	--	--	--	--	--	--

DD DISTRICT NUMBER

SCHOOL DISTRICT NAME (IF APPLICABLE)

CONTRACTOR DISTRICT NAME

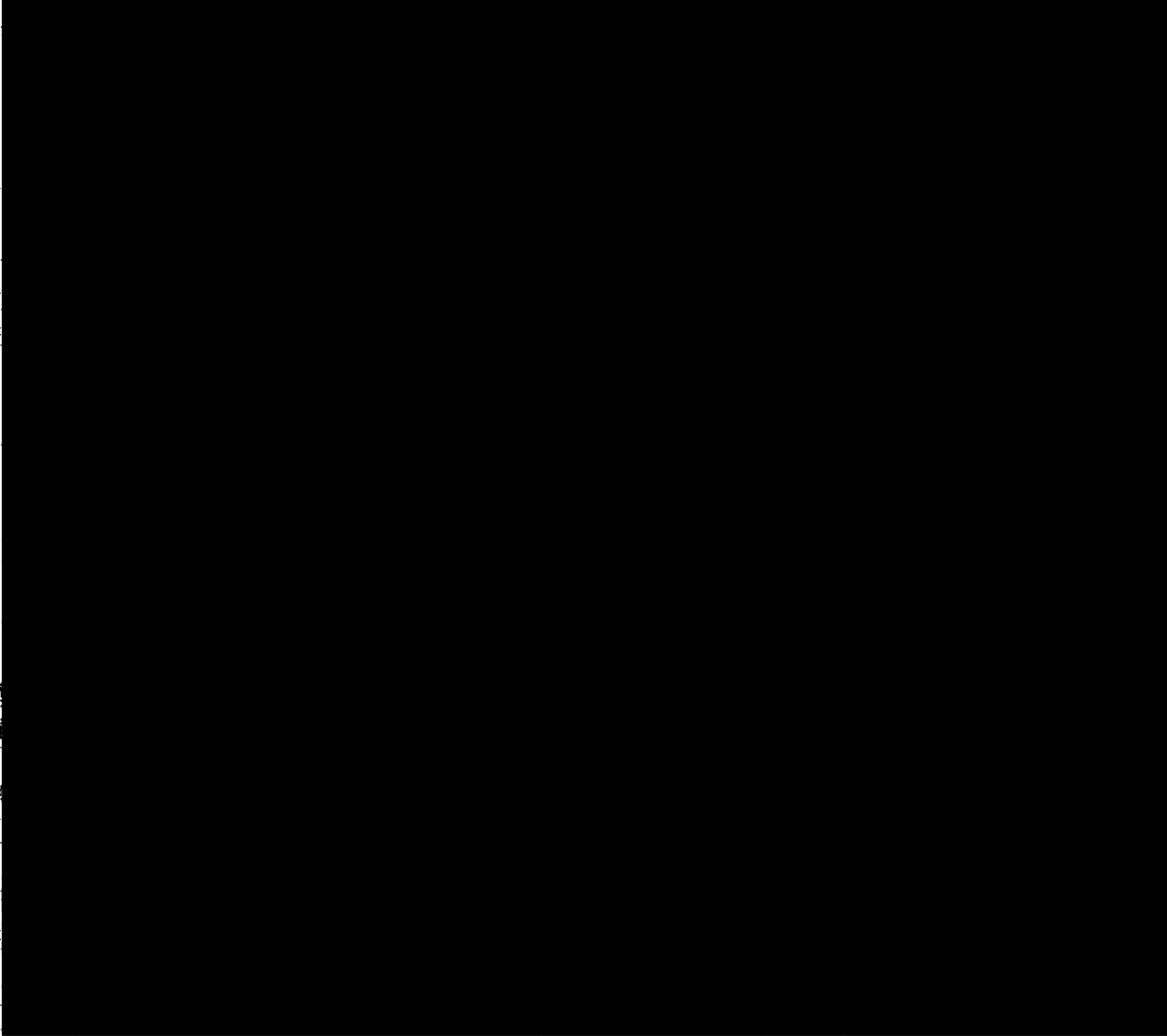
PART I: (MUST BE COMPLETED BY APPLICANT/DRIVER)

Driver Name: Donald N Hendricks
FIRST MIDDLE LAST

Vehicle Endorsement Being Sought:
 8 Passenger Auto, Van/Wagon Only
 (Yellow) School Bus

I hereby agree to the conditions outlined in "Application Agreement" on the reverse side of this application and certify to the best of my knowledge and belief that I am free from any disease, physical or emotional impairment, drug or chemical dependence that would interfere with my duties as a school bus driver.

Donald N. Hendricks 8/18/99
SIGNATURE OF APPLICANT DATE OF SIGNATURE



281—43.15(285) **Physical fitness.** Applicants for the school bus driver's permit must submit each year to the transportation consultant at the Department of Education, a signed report (Form TR-F-6-497B) of a physical examination by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, or qualified doctor of chiropractic, licensed physician assistant, or advanced registered nurse practitioner, indicating physical fitness as follows:

43.15(1) Sufficient physical capability to operate the bus effectively and to render assistance to the passengers in case of illness or injury.

43.15(2) Less than full and normal use of both hands, both arms, both feet, or both legs may disqualify the applicant. Individual evaluations will be made for applicants and requirements may be waived upon submission of a written statement from the superintendent of schools attesting to the ability of the applicant to safely perform the duties of a school bus driver. The superintendent or designee shall evaluate the applicant's ability in the operation of a school bus including all safety equipment, in providing assistance to passengers in evacuation of the school bus and in the performance of other duties required of a school bus driver.

43.15(3) Freedom from any communicable disease, such as tuberculosis.

43.15(4) Each doctor of chiropractic licensed as of July 1, 1974, shall affirm on each certificate of physical examination completed that the affidavit required by Iowa Code section 151.8 is on file with the Iowa board of chiropractic examiners.

281—43.16(285) **Tests for tuberculosis.**

43.16(1) *Types of tests.* An applicant for a school bus driver's permit may take either the intradermal tuberculin skin test or a chest X-ray film. If the result of the intradermal tuberculin skin test is positive, however, an X-ray must then be taken. An applicant whose chest X-ray shows any active form of tuberculosis will be rejected. Patch tests are not acceptable for purposes of qualifying for a school bus driver's permit.

43.16(2) *Duration of test results.* An applicant who has had a negative intradermal tuberculin skin test or a negative chest X-ray within the three-year period preceding the date of the applicant's physical examination as shown on the application for a school bus driver's permit is not required to be retested.

281—43.17(285) **Additional fitness requirements.** Freedom from mental, nervous, organic or functional disease; including but not limited to epilepsy, paralysis, insanity, abnormal blood pressure, heart ailments or any disease that may cause a tendency to fainting. Blood pressure in excess of 170 (systolic) and 100 (diastolic) taken in a sitting position, or diabetes, will disqualify the applicant in the absence of a qualified physician's recommendation and satisfactory statement covering the significance of the condition. After the application has been approved and the school bus driver's permit has been issued, if at any time the driver does not meet all of the stated requirements, the superintendent or school administrator shall not permit the person to drive a school bus until the deficiency has been corrected.

The department of education may issue a temporary school bus driver's permit based upon an evaluation of the individual applications.

281—43.18(285) **Mental fitness.** The driver must be mentally alert and of at least normal intelligence.

281—43.19(285) **Vision requirement.** The applicant must have at least 20/40 vision in each eye, either normally or after correction. If the vision in one eye is near normal, visual acuity within the limits of 20/60 in the other eye will be acceptable for qualification. If corrective lenses are required to bring vision within the aforesaid limits they must be worn by the licensee at all times when operating the bus. Tunnel or barrel vision will disqualify an applicant. The applicant must have a field of vision of at least 150 degrees. The applicant must have near-normal depth perception and have no color deficiency which would interfere with safe driving.

281—43.20(285) **Hearing requirement.** Any applicant experiencing difficulty in hearing or any applicant having a known hearing loss, shall submit the results and evaluation of an annual audiometric measurement of hearing administered by a licensed audiologist or school audiologist/hearing clinician. The applicant will be deemed disqualified to drive a school bus if the average hearing level for 500, 1000 and 2000 Hz in the better ear exceeds 40dB hearing level (ANSI, 1969). If the above requirements are met with the use of a hearing aid, the applicant is restricted to wearing and utilizing an adequately functioning hearing aid while driving a school bus.



One Source
The Background Check Company
PO Box 24148
Omaha, NE 68124
402-933-9999
F) 402-333-3280
orders@onesourcebackground.com

NOTICES

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records, and information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

The agency providing this report will provide, when contacted by the consumer seeking a copy of this report or making a request to review his/her file with the agency, a written notice in English and Spanish setting forth the terms and conditions of his/her right to receive disclosures of information such as office hours, any charges for disclosures, identification required for the release of information, names of recipients of reports on the consumer, what assistance is available to the consumer in reviewing/understanding the information and similar instructions.

BACKGROUND REPORT

Requested: 7/1/2014 **Completed:** 7/3/2014 **Printed:** 12/14/2017
Prepared for: Riverside Community Schools
Requisition:
Department/Location:
Representative: [REDACTED]
Position Applied For:
Name of Applicant: Hendricks, Donald Norman **Applicant ID:** [REDACTED]

SUMMARY

Sex Offender	Sex Offender Registries	Complete
Statewide Criminal	IA	Complete
IA Adult Abuse Registry		See Comments
IA Child Abuse Registry		See Comments

COURT

Complete **Court Type:** Sex Offender **Location:** Sex Offender Registries
Name Checked: Hendricks, Donald Norman
Date Ordered: 7/1/2014

Comments:
This Nationwide Sex Offender Registry Search Found No Records.

Complete **Court Type:** Statewide Criminal **Location:** IA
Name Checked: Hendricks, Donald Norman
Date Ordered: 7/1/2014 **Years:** 7

Comments: No Record Found.

IA ADULT ABUSE REGISTRY

See Comments **Category:** IA Adult Abuse Registry

Comments: This search requires a state specific signed release form.

Please fax completed IOWA AUTHORIZATION FOR RELEASE OF DEPENDENT ADULT INFORMATION form to One Source at [REDACTED]

IA CHILD ABUSE REGISTRY

See Comments

Category: IA Child Abuse Registry

Comments: This search requires a state specific signed release form.

Please fax completed IOWA AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION form to One Source at [REDACTED]

Fair Credit Reporting Act Notice: Information contained herein should not be the sole determiner in the evaluation of this individual. (Human error in compiling this information is possible.) All other factors, references and current situations should be considered. The information in this report is derived from records in accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI). This information may only be used to verify statements made by the individual for insurance or employment purposes or in connection with other business. One Source requires end users of these reports to have a signed authorization form. Furthermore, end users will abide by their obligations and remain in compliance of the FCRA. Criminal record searches are conducted using name & date of birth. Social security numbers are not used in criminal searches, unless noted. Not all counties/states report back 7 years.

One Source uses its best efforts to ensure that the information presented in this consumer report accurately reflects the public record (if applicable). The sources of public records are maintained by fallible human sources and can contain incorrect or partial information. As errors can occur, all consumers are provided basic rights by the FCRA. A summary of those rights can be found below in a link titled "FCRA Rights" (A copy of these rights can also be found on our website at <https://onesourcebackground.com/wp-content/uploads/Summary-of-Rights-FCRA.pdf>). All end users are required to notify a consumer if they make an adverse decision based in whole or in part upon information contained within the report.

Statewide Criminal - As several states make automated county searches available, which include all counties in the state, One Source desires to include that additional information for our clients. One Source will only utilize a statewide system if it consistently meets the exact same requirements that we utilize for a single county search. All counties in the state are required to use the system equally in terms of types of records recorded for a MINIMUM seven (7) years. One Source does not substitute database, state patrol or other types of record searches for Statewide Criminal. Statewide Criminal is ALWAYS county criminal from every county in the state.

This agency has obtained all criminal records as of the completed date on the report. The information may include criminal records that have been expunged, sealed, or otherwise have become inaccessible to the public since that date.

One Source will report back as far as the county allows unless there are state, client, court, vendor or legal restrictions. Seven (7) years minimum is the industry standard.

Applicant Verification - One Source does not verify that Social Security numbers are accurate or issued to the subject, unless specifically requested by the client with additional consent from the applicant. The information cannot be used to determine credit, insurance or employment eligibility. Applicant Verification searches with SSN's reported as Unable to Validate are either not valid or were issued after June 2011. For more information on randomization, please visit: <https://www.ssa.gov/employer/randomization.html>.

Global Watch - This search involves accessing a variety of federal, state, and industry sanctions lists or Terrorist Watch Lists. Additional sanctions and watch lists are added as U.S. or foreign governments and international organizations release them. These lists include, but are not limited to:

1. OFAC Specially Designated nationals (SDN) & Blocked Persons, Sanctioned Countries
2. OFAC Sanctioned Countries, including Major Cities and Ports*
3. Non-Cooperative Countries and Territories*
4. Department of State Trade Control (DTC) Debarred Parties
5. U.S. Bureau of Industry & Security (Formerly BXA)- a. Unverified Entities List, b. Denied entities list, c. Denied Persons List
6. FBI Most Wanted Terrorists & Seeking Information, Top 10 Most Wanted
7. INTERPOL Most Wanted List
8. Bank of England, OSFI Canadian, United Nations Sanctions List
9. Politically Exposed Persons List
10. European Union Terrorism List
11. World Bank Ineligible Firms

**Lists notated with an asterisk (*) indicate a geographic-based sanctions list.*

National Sex Offender Registry - includes Sex Offender Registration Information from all 50 States, the District of Columbia, Puerto

Rico and Guam.

Cover Sheet FCRA Rights Pre-Adverse Action Letter Adverse Action Letter

Riverside Community School District

Job Description

TITLE: Bus Driver

- QUALIFICATIONS:
1. Commercial driver's license.
 2. Iowa School Bus Driver's permit.
 3. Demonstrated aptitude or competence for assigned responsibilities.
 4. Experience as a school bus driver.
 5. Such alternatives to the above qualifications as the Board of Education may find appropriate and acceptable.

REPORTS TO: Transportation Supervisor

JOB FOCUS: The district's mission as it related to the bus driver's work.

Employee name: Donnie Hendricks

Supervisor's name: ~~Don Cochran~~

Excellent	Satisfactory	Improvement Mandatory	PERFORMANCE RESPONSIBILITIES
✓			Transports authorized students and adults on assigned routes and extra trips.
✓			Obeys all traffic laws.
✓			Observes all mandatory safety regulations for school buses.
	✓		Maintains discipline when students are on the bus.
	✓		Keeps assigned bus clean.
✓			Keeps to assigned schedule.
✓			Checks bus before each operation for mechanical defects.
✓			Notifies the transportation supervisor in case of mechanical problems or lateness.
✓			Operates the bus in an efficient, economical, and safe manner.
✓			Discharges students only at authorized stops.
✓			Reports all accidents and completes required reports.
✓			Enforces regulations against food and drink and the use of controlled substances on the bus.
✓			Attends meetings called by the transportation supervisor or superintendent.
✓			Performs other tasks that may be assigned by the transportation supervisor.

Characteristics that are important to success in the employee's job responsibilities:

ACCURACY is the correctness of work duties performed.

Makes frequent errors,
improvement mandatory.

Careless, makes
recurrent errors.
Improvement needed.

Usually accurate;
makes only average
number of mistakes

Requires little super-
vision; is exact and precise
most of the time.

QUALITY OF WORK is the amount of work an individual does in a work day.

Marginal work habits
& management skills.
Improvement mandatory.

Willing worker when
told what to do –
not self initiated.

Manages time well,
performs and follows
through with good
work habits.

Wastes no time, is
industrious, sees all jobs
through to completion.
High producer.

COMMUNICATION – uses appropriate and professional language to communicate with students, other staff and visitors.

Often communicates
inappropriately using
slang or other
inappropriate terms.
Improvement mandatory

Sometimes communicates
inappropriately using
slang or other
inappropriate terms.

Communicates in an
appropriate and
professional manner.

INITIATIVE/DEPENDABILITY is the action of making the first step or move and the ability to think and act without being urged to do so. (Self-starter.)

Rarely takes initiative;
Usually requires urging.
Improvement mandatory.

Occasionally takes
initiative. Lacks
follow through.

Assumes average
degree of initiative,
responsibility, and
follow through.

Good initiative. Looks
for work to be done
and schedules work well.

PERSONAL APPEARANCE is the personal impression an individual makes on others (consider cleanliness, grooming, neatness, and appropriateness of attire).

Basically satisfactory
but could give more
attention to appearance.
Improvement mandatory.

Generally neat
and clean.

Usually neat, clean
and well groomed

Neat, clean appearance.
Dresses appropriately
for job assignment.

ATTENDANCE is the promptness and dependability in coming to work daily, conforming to schedules, keeping appointments, and attending meetings.

Frequently is late
to or absent from
duties.
Improvement mandatory.

Occasionally is late
to or absent from
duties.

Regularly comes to work
on time and works until
quitting time, few absences.

COURTESY/FRIENDLINESS/ATTITUDE is the sociability and polite attention which an individual reflects by his/her attitude toward students, other employees, parents/community, and his/her supervisor.

Complainer, seldom
goes out of the way
to help others.
Negative attitude.
Improvement mandatory.

Generally friendly,
tends to complain.
Seldom positive
in attitude.

Agreeable and
friendly.
Usually positive.

Polite, helpful and friendly.
Positive attitude.

RIVERSIDE COMMUNITY SCHOOL DISTRICT
 Transportation driver
 Physical performance test

Driver's Name Donnie Hendricks Date 5-13-10

STANDARD	MEASUREMENT	PASS/FAIL
Climb and descend bus steps.	Climb and descend the bus steps(3) three times within 30 seconds.	Pass
Have quick reaction time from throttle to brake.	Demonstrate the ability to alternately activate The throttle and brake control ten (10) times in ten (10) seconds.	Pass
Repeatedly open and close a manually operated bus vehicle entrance door.	Manually open and close the bus vehicle door three (3) consecutive times.	Pass
Operate hand controls simultaneous and quickly.	Demonstrate while the vehicle is in motion, with the driver operating a minimum of two (2) hand controls on both sides of the steering wheel, while maintaining control of the vehicle at all times within eight (8) seconds of request.	Pass
Exit quickly oneself and students from an emergency door.	Starting in a seat belted position, leave the Driver's seat and exit the bus from the rear most floor level emergency door exit within 20 seconds	Pass

Driver's Signature [Redacted]

Transportation Supervisor [Redacted]

RIVERSIDE COMMUNITY SCHOOL DISTRICT
 Transportation driver
 Physical performance test

Driver's Name Donnie Hendricks Date 8-18-09

STANDARD	MEASUREMENT	PASS/FAIL
Climb and descend bus steps.	Climb and descend the bus steps(3) three times within 30 seconds.	Pass
Have quick reaction time from throttle to brake.	Demonstrate the ability to alternately activate The throttle and brake controlsten (10) times in ten (10) seconds.	Pass
Repeatedly open and close a manually operated bus vehicle entrance door.	Manually open and close the bus vehicle door three (3) consecutive times.	Pass
Operate hand controls simultaneous and quickly.	Demonstrate while the vehicle is in motion, with the driver operating a minimum of two (2) hand controls on both sides of the steering wheel, while maintaining control of the vehicle at all times within eight (8) seconds of request.	Pass
Exit quickly oneself and students from an emergency door.	Starting in a seat belted position, leave the Driver's seat and exit the bus from the rear most floor level emergency door exit within 20 seconds	Pass

Driver's Signature [Redacted Signature]

Transportation Supervisor [Redacted Signature]

RIVERSIDE COMMUNITY SCHOOL DISTRICT

Support Employee Evaluation Form

Employee: Donnie Hendricks Position: does numbers & helps us in Kitchen

Supervisor: [Redacted] Date: 1-31-07

The purposes of evaluation include the improvement of job performance and to provide information with which to make personnel decisions. For the improvement of job performance, this form is used to help select some performance goals for the upcoming evaluation cycle. The Key: 1 = excellent work, 2 = meets district standard, 3 = does not meet district standard. Marking a "3" requires a written comment by the Supervisor. The employee is free to write a statement in regard to each item.

- ① 2 3 a. Quality of work. (Refers to job description)
- ① 2 3 b. Quantity of Work. (Refers to job description)
- ① 2 3 c. Is a self-motivated worker.
- ① 2 3 d. Is a self-directed worker.
- ① 2 3 e. Is an organized worker.
- ① 2 3 f. Keeps work area organized.
- 1 ② 3 g. Follows assigned routine and directions.
- 1 ② 3 h. Accepts suggestions in a professional manner.
- 1 ② 3 i. Maintains good working relationships with others.
- 1 ② 3 j. Helps the public image of the school district.

Comments by the Supervisor:

Thanks for everything!

Comments by the Employee:

Supervisor's Signature [Redacted] Date 1-31-07

Employee's Signature [Redacted] Date 2-2-07

The signatures indicate only that the employee read the material.

Riverside Community School District

Job Description

TITLE: Bus Driver

- QUALIFICATIONS:
1. Commercial driver's license.
 2. Iowa School Bus Driver's permit.
 3. Demonstrated aptitude or competence for assigned responsibilities.
 4. Experience as a school bus driver.
 5. Such alternatives to the above qualifications as the Board of Education may find appropriate and acceptable.

REPORTS TO: Transportation Supervisor

JOB FOCUS: The district's mission as it related to the bus driver's work.

Employee name: Donnie Hendricks

Supervisor's name: [REDACTED]

Excellent	Satisfactory	Improvement Mandatory	PERFORMANCE RESPONSIBILITIES
✓			Transports authorized students and adults on assigned routes and extra trips.
✓			Obeys all traffic laws.
✓			Observes all mandatory safety regulations for school buses.
✓			Maintains discipline when students are on the bus.
✓			Keeps assigned bus clean.
✓			Keeps to assigned schedule.
✓			Checks bus before each operation for mechanical defects.
✓			Notifies the transportation supervisor in case of mechanical problems or lateness.
✓			Operates the bus in an efficient, economical, and safe manner.
✓			Discharges students only at authorized stops.
✓			Reports all accidents and completes required reports.
✓			Enforces regulations against food and drink and the use of controlled substances on the bus.
✓			Attends meetings called by the transportation supervisor or superintendent.
✓			Performs other tasks that may be assigned by the transportation supervisor.

Characteristics that are important to success in the employee's job responsibilities:

ACCURACY is the correctness of work duties performed.

Makes frequent errors,
improvement mandatory.

Careless, makes
recurrent errors.
Improvement needed.

Usually accurate;
makes only average
number of mistakes

Requires little super-
vision; is exact and precise
most of the time.

QUALITY OF WORK is the amount of work an individual does in a work day.

Marginal work habits
& management skills.
Improvement mandatory.

Willing worker when
told what to do –
not self initiated.

Manages time well,
performs and follows
through with good
work habits.

Wastes no time, is
industrious, sees all jobs
through to completion.
High producer.

COMMUNICATION – uses appropriate and professional language to communicate with students, other staff and visitors.

Often communicates
inappropriately using
slang or other
inappropriate terms.
Improvement mandatory

Sometimes communicates
inappropriately using
slang or other
inappropriate terms.

Communicates in an
appropriate and
professional manner.

INITIATIVE/DEPENDABILITY is the action of making the first step or move and the ability to think and act without being urged to do so. (Self-starter.)

Rarely takes initiative;
Usually requires urging.
Improvement mandatory.

Occasionally takes
initiative. Lacks
follow through.

Assumes average
degree of initiative,
responsibility, and
follow through.

Good initiative. Looks
for work to be done
and schedules work well.

PERSONAL APPEARANCE is the personal impression an individual makes on others (consider cleanliness, grooming, neatness, and appropriateness of attire).

Basically satisfactory
but could give more
attention to appearance.
Improvement mandatory.

Generally neat
and clean.

Usually neat, clean
and well groomed

Neat, clean appearance.
Dresses appropriately
for job assignment.

ATTENDANCE is the promptness and dependability in coming to work daily, conforming to schedules, keeping appointments, and attending meetings.

Frequently is late
to or absent from
duties.
Improvement mandatory.

Occasionally is late
to or absent from
duties.

Regularly comes to work
on time and works until
quitting time, few absences.

COURTESY/FRIENDLINESS/ATTITUDE is the sociability and polite attention which an individual reflects by his/her attitude toward students, other employees, parents/community, and his/her supervisor.

Complainer, seldom
goes out of the way
to help others.
Negative attitude.
Improvement mandatory.

Generally friendly,
tends to complain.
Seldom positive
in attitude.

Agreeable and
friendly.
Usually positive.

Polite, helpful and friendly.
Positive attitude.

FLEXIBILITY – ability to be a team player and adapt to a variety of situations.

Does not demonstrate flexibility.
Improvement mandatory.

Inconsistently demonstrates flexibility.

Consistently demonstrates flexibility.

PHYSICAL CONDITION is the ability to work consistently, in good health with only moderate fatigue. (Consider physical alertness and energy.)

Poor health, unfit for job assignment.

Ailments cause excessive absenteeism.

Meets physical and energy job requirements.

Good health allows good attendance and production.

ORGANIZATIONAL SKILLS is the orderliness in which an individual keeps his/her work area and equipment.

Unorganized, messy work area.
Improvement mandatory

Inconsistent organization.

Usually well-organized.
Ready for work assignment.

Consistently well-organized, prepared for daily work assignment.

CONFIDENTIALITY – what happens at school needs to stay at school (students and staff).

Gossips in the community about students and staff.
Improvement mandatory.

Practices confidentiality as a professional should. Promotes a positive image of the school district, its students and staff.

JOB ROLE – is the individual's role and responsibility within the school.

Often oversteps boundaries of specified role and responsibilities.
Improvement mandatory.

Sometimes oversteps the boundaries of their specified role and responsibilities.

Understands and adheres to their specified role and responsibilities.

Comments by the supervisor:

Comments by the employee:

A copy of this report has been given to me and has been discussed with me.

Supervisor's signature

Date

Employee's signature

1-31-07

on Front Page

RIVERSIDE COMMUNITY SCHOOL DISTRICT
Support Employee Evaluation Form

Employee: Dannie Hendricks Position: Bus Driver

Supervisor: [REDACTED] Date: 4-30-04

The purposes of evaluation include the improvement of job performance and to provide information with which to make personnel decisions. For the improvement of job performance, this form is used to help select some performance goals for the upcoming evaluation cycle. The Key: 1 = excellent work, 2 = meets district standard, 3 = does not meet district standard. Marking a "3" requires a written comment by the Supervisor. The employee is free to write a statement in regard to each item.

- 1 (2) 3 a. Quality of work. (Refers to job description)
- (1) 2 3 b. Quantity of Work. (Refers to job description)
- (1) 2 3 c. Is a self-motivated worker.
- (1) 2 3 d. Is a self-directed worker.
- (1) 2 3 e. Is an organized worker.
- (1) 2 3 f. Keeps work area organized.
- (1) 2 3 g. Follows assigned routine and directions.
- (1) 2 3 h. Accepts suggestions in a professional manner.
- (1) 2 3 i. Maintains good working relationships with others.
- (1) 2 3 j. Helps the public image of the school district.

Comments by the Supervisor: Had a call one day that you got pretty short with [REDACTED] when he didn't come out quite on time. It was school's fault.

Comments by the Employee:

[REDACTED] 5/3/04 [REDACTED]
Supervisor's Signature Date Employee's Signature

The signatures indicate only that the employee read the material.

RIVERSIDE COMMUNITY SCHOOL DISTRICT
Support Employee Evaluation Form

Employee: Donnie Hendrickson Position: Bus Driver

Supervisor: [Redacted] Date: 5-20-03

The purposes of evaluation include the improvement of job performance and to provide information with which to make personnel decisions. For the improvement of job performance, this form is used to help select some performance goals for the upcoming evaluation cycle. The Key: 1 = excellent work, 2 = meets district standard, 3 = does not meet district standard. Marking a "3" requires a written comment by the Supervisor. The employee is free to write a statement in regard to each item.

- ① 2 3 a. Quality of work. (Refers to job description)
- ① 2 3 b. Quantity of Work. (Refers to job description)
- ① 2 3 c. Is a self-motivated worker.
- ① 2 3 d. Is a self-directed worker.
- ① 2 3 e. Is an organized worker.
- ① 2 3 f. Keeps work area organized.
- ① 2 3 g. Follows assigned routine and directions.
- ① 2 3 h. Accepts suggestions in a professional manner.
- ① 2 3 i. Maintains good working relationships with others.
- ① 2 3 j. Helps the public image of the school district.

Comments by the Supervisor:

Comments by the Employee:

[Redacted] 5-20-03 [Redacted]
Supervisor's Signature Date Employee's Signature

The signatures indicate only that the employee read the material.

RIVERSIDE COMMUNITY SCHOOL DISTRICT
Support Employee Evaluation Form

Employee: Donnie Hendricks Position: Driver

Supervisor: [REDACTED] Date: 5-21-01

The purposes of evaluation include the improvement of job performance and to provide information with which to make personnel decisions. For the improvement of job performance, this form is used to help select some performance goals for the upcoming evaluation cycle. The Key: 1 = excellent work, 2 = meets district standard, 3 = does not meet district standard. Marking a "3" requires a written comment by the Supervisor. The employee is free to write a statement in regard to each item.

- ① 2 3 a. Quality of work. (Refers to job description)
- ① 2 3 b. Quantity of Work. (Refers to job description)
- ① 2 3 c. Is a self-motivated worker.
- ① 2 3 d. Is a self-directed worker.
- ① 2 3 e. Is an organized worker.
- ① 2 3 f. Keeps work area organized.
- ① 2 3 g. Follows assigned routine and directions.
- ① 2 3 h. Accepts suggestions in a professional manner.
- ① 2 3 i. Maintains good working relationships with others.
- ① 2 3 j. Helps the public image of the school district.

Comments by the Supervisor:

*Always willing to sub whenever possible
Keeps wagon clean.*

Comments by the Employee:

[REDACTED] 5-21-01 Donnie Hendricks
Supervisor's Signature Date Employee's Signature

The signatures indicate only that the employee read the material.

Riverside Community School District

Job Description

TITLE: Bus Driver

- QUALIFICATIONS:
1. Commercial driver's license.
 2. Iowa School Bus Driver's permit.
 3. Demonstrated aptitude or competence for assigned responsibilities.
 4. Experience as a school bus driver.
 5. Such alternatives to the above qualifications as the Board of Education may find appropriate and acceptable.

REPORTS TO: Transportation Supervisor

JOB FOCUS: The district's mission as it related to the bus driver's work.

Employee name: Dannie Hendricks

Supervisor's name: [REDACTED]

Excellent	Satisfactory	Improvement Mandatory	PERFORMANCE RESPONSIBILITIES
✓			Transports authorized students and adults on assigned routes and extra trips.
✓			Obeys all traffic laws.
✓			Observes all mandatory safety regulations for school buses.
✓			Maintains discipline when students are on the bus.
✓			Keeps assigned bus clean.
✓			Keeps to assigned schedule.
✓			Checks bus before each operation for mechanical defects.
✓			Notifies the transportation supervisor in case of mechanical problems or lateness.
✓			Operates the bus in an efficient, economical, and safe manner.
✓			Discharges students only at authorized stops.
✓			Reports all accidents and completes required reports.
✓			Enforces regulations against food and drink and the use of controlled substances on the bus.
✓			Attends meetings called by the transportation supervisor or superintendent.
✓			Performs other tasks that may be assigned by the transportation supervisor.

Characteristics that are important to success in the employee's job responsibilities:

ACCURACY is the correctness of work duties performed.

Makes frequent errors,
improvement mandatory.

Careless, makes
recurrent errors.
Improvement needed.

Usually accurate;
makes only average
number of mistakes

Requires little super-
vision; is exact and precise
most of the time.

QUALITY OF WORK is the amount of work an individual does in a work day.

Marginal work habits
& management skills.
Improvement mandatory.

Willing worker when
told what to do –
not self initiated.

Manages time well,
performs and follows
through with good
work habits.

Wastes no time, is
industrious, sees all jobs
through to completion.
High producer.

COMMUNICATION – uses appropriate and professional language to communicate with students, other staff and visitors.

Often communicates
inappropriately using
slang or other
inappropriate terms.
Improvement mandatory

Sometimes communicates
inappropriately using
slang or other
inappropriate terms.

Communicates in an
appropriate and
professional manner.

INITIATIVE/DEPENDABILITY is the action of making the first step or move and the ability to think and act without being urged to do so. (Self-starter.)

Rarely takes initiative;
Usually requires urging.
Improvement mandatory.

Occasionally takes
initiative. Lacks
follow through.

Assumes average
degree of initiative,
responsibility, and
follow through.

Good initiative. Looks
for work to be done
and schedules work well.

PERSONAL APPEARANCE is the personal impression an individual makes on others (consider cleanliness, grooming, neatness, and appropriateness of attire).

Basically satisfactory
but could give more
attention to appearance.
Improvement mandatory.

Generally neat
and clean.

Usually neat, clean
and well groomed

Neat, clean appearance.
Dresses appropriately
for job assignment.

ATTENDANCE is the promptness and dependability in coming to work daily, conforming to schedules, keeping appointments, and attending meetings.

Frequently is late
to or absent from
duties.
Improvement mandatory.

Occasionally is late
to or absent from
duties.

Regularly comes to work
on time and works until
quitting time, few absences.

COURTESY/FRIENDLINESS/ATTITUDE is the sociability and polite attention which an individual reflects by his/her attitude toward students, other employees, parents/community, and his/her supervisor.

Complainer, seldom
goes out of the way
to help others.
Negative attitude.
Improvement mandatory.

Generally friendly,
tends to complain.
Seldom positive
in attitude.

Agreeable and
friendly.
Usually positive.

Polite, helpful and friendly.
Positive attitude.

FLEXIBILITY – ability to be a team player and adapt to a variety of situations.

Does not demonstrate flexibility. Improvement mandatory.

Inconsistently demonstrates flexibility.

Consistently demonstrates flexibility.

PHYSICAL CONDITION is the ability to work consistently, in good health with only moderate fatigue. (Consider physical alertness and energy.)

Poor health, unfit for job assignment.

Ailments cause excessive absenteeism.

Meets physical and energy job requirements.

Good health allows good attendance and production.

ORGANIZATIONAL SKILLS is the orderliness in which an individual keeps his/her work area and equipment.

Unorganized, messy work area. Improvement mandatory

Inconsistent organization.

Usually well-organized. Ready for work assignment.

Consistently well-organized, prepared for daily work assignment.

CONFIDENTIALITY – what happens at school needs to stay at school (students and staff).

Gossips in the community about students and staff. Improvement mandatory.

Practices confidentiality as a professional should. Promotes a positive image of the school district, its students and staff.

JOB ROLE – is the individual's role and responsibility within the school.

Often oversteps boundaries of specified role and responsibilities. Improvement mandatory.

Sometimes oversteps the boundaries of their specified role and responsibilities.

Understands and adheres to their specified role and responsibilities.

Comments by the supervisor:

Comments by the employee:

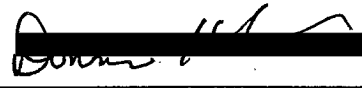
A copy of this report has been given to me and has been discussed with me.

Supervisor's signature

Date

Employee's signature

5-7-02





Iowa Department of Education



Form:

Login:

Driver Authorization - Driver

-
-
-
-

A New Authorization Would Expire 8/15/2018

Driver Detail	
Social Security Number	[REDACTED]
Last Name	Hendricks
First Name	Donald
Middle Name	N
Birth Date	[REDACTED]
Gender	male
Driver's License Number	[REDACTED]
Driver's License State	IA
Driver's License Type	Class A
Has P (passenger) Endorsement?	Y
Has S (schoolbus) Endorsement?	Y
Expiration Date of Driver's License	[REDACTED]
Expiration Date of Medical Certificate	3/6/2019
Desired Authorization Type	16 Passenger or More

Inservice History after 06/30/2015				
Instructor	Merged Area	Ending Date	Hours	
206521964	13	8/19/2015	3	
206521964	13	9/28/2016	3	
206521964	13	9/27/2017	3	

New Driver Inservice Record				
Instructor	Merged Area	Ending Date	Hours	
482626642	13	10/16/1999	12	

Authorization Record				
District	Authorization Type	Issued Date	Expires Date	
55100000	16 Passenger or More	12/12/2017	8/15/2018	
55100000	16 Passenger or More	8/9/2017	8/15/2018	
55100000	16 Passenger or More	8/29/2016	8/15/2017	
55100000	16 Passenger or More	8/24/2015	8/15/2016	
55100000	16 Passenger or More	8/22/2014	8/15/2015	
55100000	16 Passenger or More	8/13/2013	8/15/2014	
55100000	16 Passenger or More	8/13/2012	8/15/2013	
55100000	16 Passenger or More	8/17/2011	8/15/2012	
55100000	16 Passenger or More	8/6/2010	8/15/2011	
55100000	16 Passenger or More	8/10/2009	8/15/2010	
55100000	16 Passenger or More	8/14/2008	8/15/2009	
55100000	16 Passenger or More	8/9/2007	8/15/2008	
55100000	16 Passenger or More	8/17/2006	8/15/2007	
55100000	16 Passenger or More	8/30/2005	8/15/2006	
55100000	16 Passenger or More	8/16/2005	9/30/2005	
55100000	Large Yellow School Bus	5/17/2005	8/15/2005	
55100000	Large Yellow School Bus	11/12/2004	6/4/2005	
55100000	Large Yellow School Bus	9/18/2003	6/1/2004	
55100000	unknown	6/20/2002	8/15/2003	

Please contact [Max Christensen](#) by email or phone (515)281-4749 with questions regarding this form.




Iowa Department of Education



Form: **Driver**

Driver Authorization - Driver

 Iowa Department of Education	
School Bus Driver Authorization	
Driver Name	Hendricks, Donald
Employer	Riverside Comm School District
Driver's License Number	[REDACTED]
Authorization Type	16 Passenger or More
Issued Date	12/12/2017
Expiration Date	8/15/2018
<small>Driver's license, medical examiner's card and in-service training must be current for authorization to be valid. Driver assumes responsibility for invalid authorization.</small>	

This document represents an authorization granted by and on record with the Iowa Department of Education. Should verification of this authorization be necessary please contact [REDACTED] is the driver's responsibility to report any change in license or medical eligibility. Thank you.

Please contact [REDACTED]



Iowa Department of Education



DAS Inservice Maintenance	
Required: SocSec#: <input type="text"/>	or Ending Date: <input type="text"/>
Optional: Merged Area: <input type="text"/>	Instructor: <input type="text"/>
Hendricks, Donald N <input type="text"/> male	
<input type="button" value="Query"/>	<input type="button" value="Exit"/>

	SocSec#	Ending Date	Merged Area	Instructor	Credit Hours	
<input type="button" value="Edit"/>	572563373	9/27/2017	13	206521964	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	9/28/2016	13	206521964	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	8/19/2015	13	206521964	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	8/27/2014	13	206521964	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	8/28/2013	13	505981984	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	9/26/2012	13	482626642	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	9/7/2011	13	498484680	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	10/27/2010	13	482626642	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	10/28/2009	13	482626642	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	9/10/2008	13	498484680	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	9/12/2007	13	498484680	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	9/13/2006	13	498484680	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	9/14/2005	13	498484680	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	9/15/2004	13	498484680	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	9/17/2003	13	498484680	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	9/18/2002	13	498484680	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	9/19/2001	13	498484680	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	10/18/2000	13	483640162	3	<input type="button" value="Delete"/>
<input type="button" value="Edit"/>	572563373	10/16/1999	13	482626642	12	<input type="button" value="Delete"/>