



Annual Review of Employee Records

Please fill-in all information below

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Cell Phone: _____

Driver's License # _____ Expiration Date: _____

DOT Card Expiration Date: _____

CMCSS ID Badge: Good Condition: _____ Needs Replacement: _____

Evaluation: Yes: _____ No: _____

Are you receiving SchoolMessenger Messages? Yes: _____ No: _____

If you are not, please list a good contact number: _____

(For CDL Drivers Only)

DOT Annual Certificate of Violations and Review of Driving Record

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Violations are as listed below I have had no violations

Date of Conviction	Offense	Location	Type of Motor Vehicle operated

(Annual Review of Motor Vehicle Report in employee file)

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____