

ARIEL CASTRO
PERSONNEL FILE

Employee: ██████████ Active: N
First Middle Last
N A M E: ARIEL CASTRO
Preferred: ARIEL Name Prefix: _____
Name Suffix: _____
Security
Phone Information: Security
Office: () Ext: - Birth Date: 7/10/60
Home: (216) 466-3182 - Sex: M MALE
Ethnic Code: H HISPANIC
Address Information:
Address: 2207 SEYMOUR Address Security: -
Permanent Address: N
City/State/Zip: CLEVELAND OH 44113 Country: -
Change date: 5/06/13
Location: 0968 CUYAHOGA HEIGHTS DEPOT District: -
Sublocation: 2844 TRANSPORTATION-SAL/HRLY School: -
Pay Location: 02410 OPERATIONS OFFICE Department: -
Assignment: 650760 PROFESSIONAL DRIVER Room: -
Mode: Lookup Cancel? N

Employee: ██████████ CASTRO, ARIEL

Months of Service:

Previous Service Credit: 18 District: _____ State: _____

Application Date: _____

Current Hire Date: 2/19/91

Seniority Date: 2/19/91

Original Hire Date: 2/19/91

Seniority Number: _____

Termination Date: 11/06/12

Salary Change Date: _____

Miscellaneous Information:

C

Other Records:

<input type="checkbox"/> - Other Names	<input type="checkbox"/> - Beneficiary	<input type="checkbox"/> - Categories	<input type="checkbox"/> - Emergency
<input type="checkbox"/> - Academic	<input type="checkbox"/> - Handicap	<input type="checkbox"/> - Skills	

Mode: Lookup

Cancel? N

Employee: ██████████ CASTRO, ARIEL *****INACTIVE*****
Job Code: 650760 PROFESSIONAL DRIVER Currently Active?: N
Effective dates are from 7/01/99 to 11/06/12 Supervisor: _____
Change date: 5/06/13
Pay from Table: HRL407 Grade: REGLR Step: 5 Table Amount: 18.51
Contract: _____ Other Amount: 40
Exception Calendar Code: _____ Total: 18.91

Full-time equivalent: 100.0000

Encumbered?: N

FINANCIAL DISTRIBUTION:

Account Code	Percent	Amount
001.0383.2810.141.000000.969.00.000	100.0000	18.91
_____	_____	_____
_____	_____	_____
_____	_____	_____

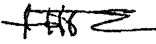
Mode: Lookup F3=Exit F5=Reset F12=Cancel Cancel? N

425461

The primary goal of the Cleveland Metropolitan School District is to become a premier school district in the United States of America
La meta primordial del Distrito Escolar Metropolitano de Cleveland es lograr ser un distrito escolar de primera clase en los Estados Unidos de America

November 9, 2012

TO: Ariel Castro
2207 Seymour
Cleveland Ohio 44113

FROM: Serena Houston-Edwards 
Interim Deputy Chief of Human Resources

SUBJECT: SEPARATION

This memorandum serves as receipt and acceptance of your separation notice:

Termination: 11/06/2012

BENEFITS (Medical, Dental, Vision)

If you are currently eligible for benefits, you will receive notification that your contract for hospitalization coverage with the Cleveland Metropolitan School District's group benefits will be cancelled and notification will be sent to all plans of this change in your coverage status. All benefits are cancelled at the end of the month of your separation, except when the separation effective date is the first day of the month--benefits are canceled that day.* *Eligible teachers who resign after completing the school year or retire as of July 1st or August 1st will continue to receive coverage through August 31st.

Health care after retirement will be managed by the appropriate retirement system (SERS or STRS). You must contact the appropriate retirement system to find out more about health care eligibility requirements and/or member's share. SERS-(866) 280-7377 – STRS (888) 227-7877.

COBRA

You are eligible under COBRA for continued health care benefits, Ceridian Benefit Services will notify you.

LIFE INSURANCE

Life insurance benefits terminate upon leaving the District or otherwise becoming ineligible for group life insurance. An employee is eligible to convert the group life insurance to an individual non-participating Consumer Life Insurance policy. This can be done at the regular rate for your attained age, regardless of your physical condition, provided you apply for a change *within 31 days* of the date your group insurance terminates. The employee must contact the Human Resources Employee Benefits Department at (216) 574-8298 for a life insurance conversion application. The District's group life insurance company is Consumers Life Insurance Company. Their phone number is (866) 925-2542.

IMPORTANT NOTICE TO TEACHING STAFF – (Resignations from teaching personnel after the July 10th deadline)

The State of Ohio Revised Code 3319.15 reads as follows: **"3319.15 Termination of contract by teacher.** No teacher shall terminate the teacher's contract after the tenth day of July of any school year or during the school year, prior to the termination of the annual session, without the consent of the board of education; and such teacher may terminate the teacher's contract at any other time by giving five days' written notice to the employing board. Upon complaint by the employing board to the state board of education and after investigation by it, the license of a teacher terminating the teacher's contract in any other manner than provided in this section may be suspended for not more than one year."

OTHER

Remember you must return all district property that you may have at your home or at any other location including identification card, keys, computers, pager, etc. to your immediate supervisor or department head.

If you have any questions regarding this matter, please feel free to contact Employee Benefits at (216) 574-8252.

1380 East Sixth Street, Cleveland, OH 44114 Fax: 216-574-8258



CLEVELAND
METROPOLITAN
SCHOOL DISTRICT
Vision to Victory

425461

Human Resources Department

1380 East Sixth Street, Cleveland, OH 44114 • 216.349-4554 • Fax 216.574.8072 • www.cmsdnet.net

Eric S. Gordon
Chief Executive Officer

Board of Education
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Board Chair

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Vice Chair

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Ex-Officio Members
Dr. Ronald M. Berkman
Dr. Jerry Sue Thornton

November 6, 2012

ARIEL CASTRO
2207 SEYMOUR
CLEVELAND, OH 44113

Dear MS. CASTRO:

As a result of your hearing held October 4, 2012 a recommendation for termination was made to the Board of Education. At its meeting October 23, 2012 the Board concurred with this recommendation and, therefore, your termination will be effective Tuesday, November 6, 2012.

Please contact Robin Andrews at 547-8252 if you have any questions regarding your benefits.

Sincerely,

Serena Houston-Edwards
Interim Deputy Chief of Human Resources

cc: Eric Gordon, Chief Executive Officer
Patrick Zohn, Chief of Operations
Wayne Belock, Deputy Chief of Legal Services
Nicholas Jackson, Deputy Chief of Transportation & Facilities
Ann Carlson, Director of Transportation
Kevin Marino, Depot Manager, East 49th Street Depot
Minford Terrentine, Depot Manager, East 49th Street Depot
Nick Haschka, Vice President, Local 407
Personnel File

425461

Employee: ██████████ CASTRO, ARIEL
Termination Date: 11/06/12
Termination Code: 23 MISCONDUCT/VIOLATION OF RULES

Employee Detail:

New Employee Status: N (Y/N) Update Employee Master? N

Termination Code Detail: TERMINATION

Mode: Lookup

Cancel? N

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:

Ariel Castro
2207 Seymour
Cherlusk, OH 44113

COMPLETE THIS SECTION ON DELIVERY

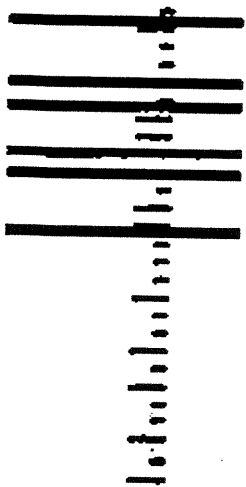
- A. Signature Agent
X- Ariel Castro Addressee
- B. Received by (Printed Name) Date of Delivery
ARIEL CASTRO *1/18*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7010 0290 0003 0802 3890**
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

RECEIVED

8 S
Cleveland Metropolitan School District
380 E. 56th Street 500N
Cleveland, Ohio 44114

NOV 16 1997

S.H.E.



CLEVELAND
METROPOLITAN
SCHOOL DISTRICT
Vision to Victory

Human Resources Department

1380 East Sixth Street, Cleveland, OH 44114 · 216.348-4564 · Fax 216.574.8072 · www.cmsdnet.net

425 461

Eric S. Gordon
Chief Executive Officer

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Board Chair

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November 6, 2012

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2207 SEYMOUR
CLEVELAND, OH 44113

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Please contact Robin Andrews at 547-8252 if you have any questions regarding your benefits.

Sincerely,

Serena Houston-Edwards
Interim Deputy Chief of Human Resources

cc: Eric Gordon, Chief Executive Officer
Patrick Zohn, Chief of Operations
Wayne Belock, Deputy Chief of Human Resources
Nicholas Jackson, Deputy Chief of Human Resources
Ann Carlson, Director of Training
Kevin Marino, Depot Manager
Minford Terrentine, Depot Manager
Nick Haschka, Vice President
Personnel File

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

7010 0290 0003 0802 8690

Sent To Ariel Castro
Street, Apt. No.,
or PO Box No. 2207 Seymour
City, State, ZIP+4 Cleveland, OH 44113

The primary goal of the Cleveland Metropolitan School District is to become
a premier school district in the United States of America.

CLEVELAND MUNICIPAL SCHOOL DISTRICT
EMS INCIDENT FORM

Name: CASTRO, ARIEL

SSN: [REDACTED]

Location: 0968 CUYAHOGA HEIGHTS DEPOT

Classification: 650760 PROFESSIONAL DRIVER

DESCRIPTION OF PROBLEM

No Check, Payment Required

- New Appointment*
- Reemployment*
- Reclassification* *From:* _____ *To:* _____
- Hourly Supplemental*
- Contract Extension (ERF attached)*
- Other:* _____

Retroactive Payment/Adjustment Required

- Salary/Rate Change* *From:* _____ *To:* _____
- Reclassification* *From:* _____ *To:* _____
- Increase Contract Time:* *From:* _____ *To:* _____
- Step/Schedule Change:* *From:* _____ *To:* _____
- Weeks/Days Change:* *From:* _____ *To:* _____
- Reduction of Contract Time:* *From:* _____ *To:* _____
- Other:* INITIATE 20 YEAR LONGEVITY INCREMENT (\$40) EFFECTIVE 9/1/12.

Initiated By: BILL BASS Date 09-19-12
Processed By: _____ Date _____

EMS Employee Assignments/Contracts Ref: PAY 345 12

Employee: CASTRO, ARIEL
Job Code: 650760 PROFESSIONAL DRIVER Currently Active?: Y
Effective dates are from 7/01/99 to 6/30/25 Supervisor:
Change date: 9/19/12
Pay from Table: HRL407 Grade: REGLE Step: 5 Table Amount: 18.51
Contract: Other Amount:
Exception Calendar Code: Total: 18.51

Full-time equivalent: 100.0000

Encumbered?: N

FINANCIAL DISTRIBUTION:

Account Code	Percent	Amount
001 0381 2810 141 000000 969 00 000	100.0000	18.51

Mode: Change F3-Exit F4=Index F5-Reset F12=Cancel Cancel? N

EMS Employee Assignments/Contracts Ref: PAY 145 12

Employee: ██████████ CASTRO, ARIEL
Job Code: 650760 PROFESSIONAL DRIVER Currently Active?: Y -
Effective dates are from 7/01/99 to 6/30/25 Supervisor: _____
Change date: 9/19/12
Pay from Table: HRL407 Grade: RB3LR Step: 5 Table Amount: 18.51
Contract: _____ Other Amount: 40
Exception-Calendar-Code: _____ Total: 18.91

Full-time equivalent: 100.0000

Encumbered?: N -

FINANCIAL DISTRIBUTION:

Account Code	Percent	Amount
001 0383 2810 141 000000 969 00 000	100.0000	18.91
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mode: Lookup F3-Exit F5-Reset F12-Cancel Cancel? N -



1380 East Sixth Street, Cleveland, OH 44114 • 216.574.8147 • Fax 216.574.8120 • www.cmsdnet.net

Eugene T.W. Sanders, Ph.D.
Chief Executive Officer

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Ex Officio Members
Dr. Michael Schwartz
Dr. Jerry Sue Thornton

June 22, 2009

Nick Haschka, Vice President
Truck Driver's Union – Local 407
3320 Superior Avenue
Cleveland, Ohio 44144-4123

SUBJECT: . Grievance – Ariel Castro

Dear Mr. Haschka:

On June 12, 2009 a Grievance hearing was held, at which time the Cleveland Metropolitan School District reviewed the information presented.

After further review, the grievance is denied and the (60) sixty day suspension will stand.

If you have any questions or need additional information please contact me.

Sincerely,


Nicholas P. Jackson

cc: Ariel Castro
Ann Carlson, Interim Director of Transportation
Frank Brudell, President, Local 407
Payroll
Personnel File

RECEIVED
2009 JUN 24 AM 9:33
HUMAN RESOURCES
CMSD

RECEIVED

**2005 BENEFITS
CONFIRMATION STATEMENT**

05 FEB 17 P12:04

This statement confirms your 2005 Cleveland Municipal School District benefit enrollment elections.

CLEVELAND SCHOOL DISTRICT
Feb 11, 2005

ARIEL CASTRO
2207 SEYMOUR
CLEVELAND, OH 44113

PLANS	YEAR 2005 COVERAGE	MONTHLY DEDUCTION
Dental Plan	MetLife Basic Dental Plan - Single	\$ 0.00
Health Plan	Kaiser HMO (PCP required) - Single	\$ 0.00
Vision Plan	Union Eye Care Vision - Single	\$ 0.00
Basic Life & AD&D Insurance	Participating - \$10,000 of life insurance	\$ 0.00
Dependent Care Spending Account	Not Participating	\$ 0.00
Dependent Life Insurance	Not Participating	\$ 0.00
Portable Voluntary Life Insurance*	Not Participating	\$ 0.00
Supplemental Life and AD&D Insurance	Not Participating	\$ 0.00
Voluntary Life Insurance*	Participating - \$25,000	\$ 3.75

*If you elect coverage for the first time or increased your current life insurance coverage, you are required to complete Evidence of Insurability. You must complete the form and return to the insurance company. Premium(s) will be deducted from your paycheck beginning the month following approval.

DEPENDENT INFORMATION	No Dependents
------------------------------	---------------

BENEFICIARY DESIGNATION	First Name	Last Name	Relationship	Type	%
BASIC LIFE AND SUPPLEMENTAL LIFE INSURANCE	[REDACTED]		Daughter	Primary	100.00
	[REDACTED]		Daughter	Contingent	100.00

BENEFICIARY DESIGNATION	First Name	Last Name	Relationship	Type	%
VOLUNTARY AND PORTABLE LIFE INSURANCE	[REDACTED]		Daughter	Primary	100.00
	[REDACTED]		Daughter	Contingent	50.00
	[REDACTED]		DAUGHTER	Contingent	50.00



2005 BENEFITS CONFIRMATION STATEMENT

Your elections as printed on this form will remain in effect through December 31, 2005 (unless you become ineligible for benefits or experience an IRS-qualified change in status).

Sign this form below and keep a copy for your records. If you included any dependents/spouse under your coverage, you must return this signed form with one of the following official documents for each dependent: 1) Marriage license, 2) Birth certificate, or 3) Guardianship/Adoption document. See note below regarding Evidence of Insurability.

IMPORTANT NOTE FOR EMPLOYEES WHO OPTED-OUT OF MEDICAL COVERAGE

You must include proof of other medical coverage with this confirmation statement to be eligible for opt-out payment.

BENEFICIARY DESIGNATION – LIFE INSURANCE

Returning this signed confirmation statement validates your beneficiary choices. The beneficiaries listed on this form are not valid without your signature.

By signing below I verify that the information I have provided is correct. I understand and agree that CMSD has the right, and obligation under certain circumstances, to request proof that any information given during the enrollment period including this authorization/waiver is true and correct. Any information found to be false or misleading is considered a material breach of the terms of this authorization and could disqualify my covered family members and me from continuing the coverage for all subsequent months remaining in the health care plan year. Further, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

This form is not a guarantee of coverage; it confirms what coverage you have requested. Some coverages or changes in coverage require an Evidence of Insurability (EOI). If your elections require such an EOI form it is included with this Confirmation Statement. Your coverage request will be accepted or denied by the insurance company, based upon the information provided in your EOI. Coverage will be effective the first of the month following approval by the insurance company which could be later than January 1, so please return the completed EOI form promptly and accurately.

I hereby request to be insured and authorize deductions, if any, from my compensation for my share of the cost of the life insurance benefits to which I may be entitled under the group policy(ies) issued to the employer listed above. I understand that if I am not actively at work as defined in the policy on the date my coverage would otherwise become effective, my insurance will not begin until the day I meet the policy definition of actively at work.

EMPLOYEE SIGNATURE: *Ariel Castro* DATE: *2/15/05*

SIGN THIS FORM AND KEEP A COPY FOR YOUR RECORDS. THIS SIGNED FORM (along with proof of other medical coverage (if opt-out) or marriage license, birth certificate, or guardianship document (if you included any dependent(s))) must be returned to: **CMSD ♦ EMPLOYEE SERVICES, ROOM 146 ♦ 1380 EAST SIXTH STREET ♦ CLEVELAND, OH 44114** within ten (10) days from the date of the statement.

EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

1) EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name (Print or Type) Last CASTRO	First Ariel	Middle	Birth Name
Address Street Name and Number 2233 W. 98		City Cleve.	State Oh.
Date of Birth (Month/Day/Year) 7-10-60		Social Security Number [REDACTED]	
ZIP Code 44102			

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that Federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature Ariel Castro	Date (Month/Day/Year) 12-11-90
----------------------------------	--

PREPARER/TRANSLATOR CERTIFICATION (To be completed if prepared by person other than the employee; I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.)

Signature Ariel Castro	Name (Print or Type) ARIEL CASTRO
Address (Street Name and Number) 2233 W. 98	
City Clev.	State Oh
Zip Code 44102	

2) EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:

Examine one document from List A and check the appropriate box, OR examine one document from List B and one from List C and check the appropriate box. Provide the Document Identification Number and Expiration Date for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input checked="" type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with photograph Document Identification _____ Expiration Date (if any) _____	<input type="checkbox"/> 1. A State-issued driver's license or a State-issued ID card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes (Specify State: <u>Ohio</u>) <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. Other (Specify document and issuing authority) _____ Document Identification _____ Expiration Date (if any) _____	<input checked="" type="checkbox"/> 1. Original Social Security Number Card (or a card stating it is not valid for employment) <input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or official certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify form) _____ Document Identification _____ Expiration Date (if any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature Ariel Castro	Name (Print or Type) ARIEL CASTRO	Title
Employer Name CLEVELAND PUBLIC SCHOOLS		Date
Address 1380 East Sixth Street - Cleveland, Ohio 44114		

M-3

CLEVELAND BOARD OF EDUCATION
APPLICATION FOR NON-TEACHING POSITIONS

EMPL. # _____

TIME 1:23 A.M. (P.M.)

Date: 12-11-90

Bus Driver
Classification

Social Security No.

Castro Last Name Ariel First Name _____ Middle Name

Address: 2233 W. 98 Cleve. Ohio 44102
(Number and Street) (City) (State) (Zip Code)

Cleveland Schools in your Area: 1. Almira Ele. 2. West Tech 3. _____

Age: Over 70? NO Under 18? NO U.S. Citizen? YES Telephone Number 459-1472

1. Were you ever previously employed by the Cleveland Board of Education? NO
If so, when, where and in what capacity? _____
2. Do you have any handicap or physical disorder which would limit you in the job for which you are applying? NO Explain: _____
3. Have you ever been convicted of a violation of law or ordinance, including traffic violations, other than parking offences? (Yes or No) NO Explain - List violations and dates: MAY HAVE MINOR TRAFFIC LIGHTS offenses.
4. Can you accept a position immediately? yes If not, how soon? _____

-EDUCATIONAL BACKGROUND -

NAME OF SCHOOL	GRADE COMPLETED	COURSES	YEAR GRADUATED
High School: <u>Lincoln West</u>	<u>12</u>	_____	<u>79</u>
Location : <u>Cleve. Ohio</u>	<u>City and State</u>	_____	_____
College : _____	_____	_____	_____
Location : _____	<u>City and State</u>	_____	_____

Other Schools or Training: _____

Write a brief statement adding any additional information you care to provide concerning your interests, abilities, qualifications and future goals. I enjoy working with children. I have a good driving record. I speak english and spanish. I plan to drive a bus and working with young people

Application Valid for Current School Year.

- FORMER EMPLOYMENT -

NAME OF EMPLOYER Cumba Motors FROM _____ TO _____
 ADDRESS 3465 W. 25th Street Cleve. Oh.
 POSITION Helper + DRIVER SALARY Labour
 REASON FOR LEAVING Applying for Bus Driver

NAME OF EMPLOYER LESTER Products FROM _____ TO _____
 ADDRESS Columbus Rd. Cleve. Oh.
 POSITION DRILL Press SALARY _____
 REASON FOR LEAVING Slow Buisness

NAME OF EMPLOYER Pick-N-Pay FROM _____ TO _____
 ADDRESS w. 65th. Street. Cleve. Oh.
 POSITION BAGGER + CLEANER SALARY _____
 REASON FOR LEAVING _____

- PLEASE LIST CURRENT CLERICAL SKILLS -

Typing W.P.M. Shorthand _____ Switchboard _____ Dictaphone _____
 Calculator Adding Machine

- PERSONAL REFERENCES -

NAME	ADDRESS	TITLE or RELATIONSHIP
<u>John Soza</u>		<u>friend</u>
<u>Joe</u>		<u>friend</u>
<u>Bill</u>		<u>friend</u>

- GENERAL WAIVER - CLEVELAND BOARD OF EDUCATION -

I certify that all the statements made by me in this application are true, complete and correct to the best of my knowledge and that I am aware that any false statements will be sufficient cause for dismissal from or refusal of appointment for any position with the Cleveland Board of Education.

I understand that the Board of Education may want to verify the statements I have made in this application. I hereby give my permission for the Cleveland Board of Education or its authorized representative, either at this time or any time during my employment with the Board, to request and review any of my medical records, employment records, court records and police records from any local, state or federal agency keeping such records.

12-11-90
Date

Ariel Castro
Signature
Shirley Truck

Witness - Cleveland Board of Education

Classified Personnel Division

READ CAREFULLY BEFORE COMPLETING EMPLOYMENT APPLICATION

Question Number Three on the Employment Application reads as follows: "Have you ever been convicted of a violation of law or ordinance, including traffic violations, other than parking offenses?"

As an applicant for employment with the Cleveland City School District you are expected to answer this question by truthfully listing all convictions and dates of convictions. If you desire you may provide additional information explaining the circumstances related to the convictions.

A RECORD OF CONVICTIONS IS NOT AN AUTOMATIC BAR TO EMPLOYMENT IN THE DISTRICT.

By my signature affixed below, I certify that I have read this document, question number three on the application form, and have answered question number three in a truthful manner.

Ariel Castro

Signature of Applicant

12-11-90

Date

Shirley Lane

Signature of Representative of
Classified Personnel Division

12-11-90

Date

GENERAL WAIVER

I have made application for employment with the Cleveland Board of Education and I hereby authorize their officers, employees or their agents to investigate and compile a complete history of my former employment together with any and all information concerning my ability, personal character, credit and arrest record.

I hereby release the above named organization and its officers, employees and its agents from any and all liability for any damages whatsoever the nature, which may at any time result to me on account of my compliance with the above request or any attempt to comply with same, whether such damages may be due to error, negligence or any reason whatsoever on the part of said organization.

Arrest Information

Further, I hereby authorize the Cleveland Board of Education to obtain any and all information regarding any arrest, convictions or any information listed under my name which might be on file.

I hereby release the Cleveland Board of Education from all liability for any damages whatsoever I may incur for furnishing any information concerning me, whether by reasons of unauthorized use, error, negligence or any reason whatsoever.

DATED: 12-11-90

Ariel Castro
(Signature of Applicant)

Shirley Luck

(Witness)

PLEASE PRINT CLEARLY

NAME: Castro Ariel PREVIOUS NAME: _____
Last First Middle

ADDRESS: 2233 W. 98 Cleve. Oh. 44102
Number and Street City State Zip Code

BIRTH DATE: 7-10-60

SOCIAL SEC. NO: [REDACTED]

HEIGHT 5'8" WEIGHT 170 Lbs.

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: Julio Cumba RELATIONSHIP: Fried

ADDRESS: 3465 W. 25th TELEPHONE NO: 459-1472

CLEVELAND PUBLIC SCHOOLS

1380 East 8th Street • Cleveland, Ohio 44114 • (216) 574-8000

Alfred D. Tutela, Superintendent

NEW HIRE EMPLOYMENT AFFIDAVIT

I, Ariel Castro, certify that all answers given by
(Applicant's Name)
me on the Cleveland City School District's employment application
are true and correct without omissions of any kind. I agree that
the District shall not be liable in any manner if my employment
is terminated because of falsity of statements, answers or
omissions made by me in this application.

I also authorize the companies, schools or persons named on my
application to give any information regarding my employment,
character and qualifications. I hereby release said companies,
schools or persons from all liability for any damage for issuing
this information.

I certify that all statements and answers to questions about my
health are true and were made by me without reservations. I
expressly waive all provisions of law prohibiting any physician,
person, hospital or other institution that has or may hereafter
attend or furnish me with treatment from disclosing to the
company any knowledge or information thereby acquired. I
understand that any misleading or incorrect statements may render
this application void, and if employed, would be cause for
termination.

Signature Ariel Castro Date 12-11-90

CHECKLIST OF DOCUMENTS - RESIDENCY REQUIREMENTS
(ORIGINALS ONLY)

NAME: Ariel Castro

- 1. Current rental agency or independent party lease and a receipt or canceled checks for rental payment for the previous three (3) months, OR copy of mortgage document with current address listed and copy of mortgage payment receipt or canceled mortgage payment check for the previous three (3) months OR original deed or real estate tax statement, if home is paid in full. THIS ITEM IS ABSOLUTELY REQUIRED!!!
- 2. State of Ohio income tax return form.*
- 3. Copy of current utility bills (gas, water, electricity), for up to six months.
- 4. Copy of current telephone bill.
- 5. Copy of current auto insurance policy with current address.
- 6. Copy of motor vehicle registration (mvr) with current address.
- 7. Post office change of address form, if applicable.
- 8. Bank statements or checking accounts with address on checks.* *OHE Credit Union*
- 9. School registration of children.
- 10. Blue Cross/Blue Shield or other health carrier information or bills.
- 11. Driver's license. *2207 Seymour Ave*
- 12. Loans or other financial contracts.*
- 13. Other current bills, such as charge accounts.*

THE FOLLOWING ITEMS ARE UNACCEPTABLE:

- a. library card
- b. birth certificate
- c. voter registration card
- d. social security card
- e. rental receipts from independent party without canceled check

COMMENTS: _____

*Please "blank out" financial data if you so desire.

Date 3-16-95

CLEVELAND PUBLIC SCHOOLS EMPLOYEE REQUEST FORM

HOURLY

PROGRAM OR PROJECT Transportation

CHECK ONE
 CERTIFICATED
 CLASSIFIED

PLEASE REFER TO INSTRUCTIONS (I) THROUGH (11) ON REVERSE. ENTER CURRENT INFORMATION ON SHADED LINES. PROPOSED INFORMATION ON CLEAR LINES.

(1) EMP. NUMBER	(2) DATE EFFECTIVE	(3) DATE ENDING	(4) TRANS TYPE	(5) POSITION CODE AND CLASSIFICATION	(6) HOURLY OR DAILY RATE	(7) # OF HOURS OR DAYS	(8) TOTAL COST	(9) FUND AND BUDGET	(10) PAYROLL NUMBER	(11) SITE NO
[REDACTED]	08-24-92	[REDACTED]	4	T: Sub Driver	11.276	5.15 hrs		012-51001411	51002	0964
[REDACTED]	08-24-92	[REDACTED]	"	T: REG DRIVER	11.276	5.00 hr		"	"	0964
[REDACTED]	08-24-92	[REDACTED]	"	T: SUB DRIVER		5.31hr		"	"	0964
[REDACTED]	08-24-92	[REDACTED]	"	"		5.00hr		"	"	0964
[REDACTED]	08-24-92	[REDACTED]	"	"		5.00hr		"	"	0964
[REDACTED]	08-24-92	[REDACTED]	"	"		5.26hr		"	"	0964
[REDACTED]	08-24-92	[REDACTED]	"	"		5.00hr		"	"	0964
[REDACTED]	08-24-92	[REDACTED]	"	"		5.00hr		"	"	0964
[REDACTED]	08-24-92	[REDACTED]	"	"		5.05hr		"	"	0964
[REDACTED]	08-24-92	[REDACTED]	"	"		5.15hr		"	"	0964

REASON FOR REQUEST/OTHER COMMENTS:

To Cover Open Routes Per Contract

For new appointments or reappointments enter name of person being replaced or "vacancy" on shaded line. For all other transactions, enter current status. Please abbreviate.

- TRANSACTION TYPE CODES:
1. New Appointment
 2. Reappointment
 3. Reinstatement
 4. Reclassification
 5. Reemployment
 6. Relocation
 7. Transfer
 8. Contract Extension
 9. Hourly Supplemental
 10. Additional Classes
 11. Promotion

REQUESTED BY: Michael Malloy TITLE: Interim Chief
 TRANSPORTATION DEPARTMENT
 DIVISION/SCHOOL: Transportation Department
 DATE: 8-25-92
 SUBMITTED BY (DEPT. HEAD) (AREA SUPERINTENDENT): [Signature] DATE: 8-26-92
 VERIFIED BY (BUDGET DIVISION): [Signature] DATE: 8/31/92
 APPROVED BY (SUPPORTIVE SERVICES): [Signature] DATE: 9/1/92
 APPROVED BY (FINANCIAL ADMINISTRATOR): [Signature] DATE: 9/4/92
 APPROVED BY (SUPERINTENDENT/DEPUTY): [Signature] DATE: 9/4/92

323270

RECEIVED

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BOARD OF EDUCATION
CLEVELAND CITY SCHOOL DISTRICT
EMPLOYEE PERSONAL DATA CHANGE NOTICE
FOR RETIREMENT / PAYROLL - PERSONNEL RECORDS

FORM NO. P-08
STOCK NO. 2422 - (20M)
8/1/88

TYPE OR PRINT.
PLEASE

CLERK--TREASURER COPY

THIS AREA MUST BE FILLED IN COMPLETELY

EMPLOYEE NUMBER 290692 YOUR LAST NAME NOW ON FILE CASTRO Ariel SOCIAL SECURITY NUMBER [REDACTED]
POSITION NAME Bus Driver
PRESENT WORK LOCATION Ridge Rd. EFFECTIVE DATE OF CHANGE 4 25 92

ON THE FOLLOWING LINES RECORD ONLY THAT INFORMATION WHICH REQUIRES CHANGE. PLEASE RECORD ON A "FROM-TO" BASIS AS PROVIDED.

FROM	TO
1. LAST NAME # <u>CASTRO Ariel</u>	1. <u>01518</u> 7-20
2. MAIDEN OR FORMER LASTNAME _____	2. <u>01818</u>
3. FIRST NAME <u>Ariel</u>	3. <u>01614</u> 21-30
4. MIDDLE NAME _____	4. <u>01714</u> 31
5. SOCIAL SECURITY NUMBER _____	5. <u>09909</u> 32-40
6. BIRTH DATE _____	6. <u>00706</u> 41-46
7. STREET ADDRESS <u>2233 W. 98</u>	7. <u>2207 SEYMOUR</u>
8. CITY <u>Cleve.</u>	8. <u>00130</u>
9. STATE <u>Ohio</u>	9. <u>00215</u>
10. ZIP CODE <u>44102</u>	10. <u>04010</u>
11. PHONE <u>459 14 - 72</u>	11. <u>44113</u> 04606
12. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED	12. MARITAL STATUS 2. <input type="checkbox"/> MARRIED 3. <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> SINGLE 4. <input type="checkbox"/> DIVORCED 5. <input type="checkbox"/> SEPARATED

REASON FOR CHANGE
* ATTACH COPY OF LEGAL EVIDENCE IF CHANGE RESULTS FROM ORDER OF A COURT OF LAW. THIS COPY WILL NOT BE RETURNED.
Moved

INDICATE BY AN "X", THE OHIO RETIREMENT SYSTEM IN WHICH YOU HAVE A MEMBERSHIP:
 S.T.R.S. - STATE TEACHERS RETIREMENT SYSTEM S.E.R.S. - SCHOOL EMPLOYEES RETIREMENT SYSTEM BOTH RETIREMENT SYSTEMS NONE

EMPLOYEE SIGNATURE Ariel Castro DATE 4 28 92 DIVISION OF PERSONNEL SIGNATURE _____ DATE _____

CLERK TREASURER'S USE ONLY

LEGAL EVIDENCE FORWARDED TO _____ ON REPORT OF _____	PAYROLL _____	FORM ROUTING REASON: _____
	RETIREMENT _____	
	DATA PROCESSING _____	
	INITIALS _____	
	KEYPUNCHED BY _____	
	VERIFIED BY _____	

RETURN TO SENDER

92 NOV 30 A1048

OURLY

CLEVELAND PUBLIC SCHOOLS EMPLOYEE REQUEST FORM

PROGRAM OR PROJECT Transportation

CHECK ONE
 CERTIFICATED
 CLASSIFIED

EASE REFER TO INSTRUCTIONS (1) THROUGH (11) ON REVERSE. ENTER CURRENT INFORMATION ON SHADED LINES. PROPOSED INFORMATION ON CLEAR LINES.

(1) EMPLOYEE NAME	(2) DATE EFFECTIVE	(3) DATE ENDING	(4) TRANS. TYPE	(5) POSITION CODE AND CLASSIFICATION	(6) HOURLY OR DAILY RATE	(7) # OF HOURS OR DAYS	(8) TOTAL COST	(9) FUND AND BUDGET	(10) PAYROLL NUMBER	(11) SITE NO.
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CLEVELAND PUBLIC SCHOOLS EMPLOYEE REQUEST FORM

PROGRAM OR PROJECT Transportation
PLEASE REFER TO INSTRUCTIONS (1) THROUGH (11) ON REVERSE. ENTER CURRENT INFORMATION ON SHADED LINES. PROPOSED INFORMATION ON CLEAR LINES.

CERTIFICATED CHECK ONE CLASSIFIED

(1) EMPLOYEE NAME	(2) DATE EFFECTIVE	(3) DATE ENDING	(4) TRANS TYPE	(5) POSITION CODE AND CLASSIFICATION	(6) HOURLY OR DAILY RATE	(7) # OF HOURS OR DAYS	(8) TOTAL COST	(9) FUND AND BUDGET	(10) PAYROLL NUMBER	(11) SITE NO
<u>Castro, Ariel</u>	<u>04-29-91</u>		<u>4</u>	<u>T. Trainee</u>	<u>10,337</u>	<u>5</u>	<u>1,808.80</u>	<u>012-51001411</u>	<u>51002</u>	<u>0964</u>
[REDACTED]	<u>04-26-91</u>		"	"				"	"	"
[REDACTED]	<u>04-26-91</u>		"	"				"	"	"
[REDACTED]	<u>04-26-91</u>		"	"				"	"	"
[REDACTED]										

REASON FOR REQUEST/OTHER COMMENTS:

COMPLETION OF TRAINING

OFFICE OF THE
DEPUTY SUPERINTENDENT
OF CLAS...

MAY 23 11:44 AM '91
MAY 20 12:29 PM '91
APR 31 10:42 AM '91

CLEVELAND
PUBLIC SCHOOLS

For new appointments or reappointments enter name of person being replaced or "vacancy" on shaded line. For all other transactions, enter current status. Please abbreviate.

- TRANSACTION TYPE CODES:
1. New Appointment
 2. Reappointment
 3. Reinstatement
 4. Reassignment
 5. Reemployment
 6. Relocation
 7. Transfer
 8. Contract Extension
 9. Hourly Supplemental
 10. Additional Classes
 11. Promotion

7942
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202

REQUESTED BY Harry W. James TITLE Director

TRANSPORTATION OPERATIONS DIVISION/SCHOOL

DATE April 29, 1991

SUBMITTED BY [Signature] DATE 4-30-91

APPROVED BY (DEPT. HEAD) (AREA SUPERINTENDENT) [Signature] DATE 5/17/91

VERIFIED BY (BUDGET DIVISION) [Signature] DATE 5/16/91

APPROVED BY (SUPPORTIVE SERVICES) [Signature] DATE 5/14/91

APPROVED BY (FINANCIAL ADMINISTRATOR) [Signature] DATE 5/17/91

APPROVED BY (SUPERINTENDENT/DEPUTY) [Signature] DATE 5/24/91

BOARD APPROVAL/ACTION No Board approval required DATE

"Providing Educational Opportunities for Success"

Ariel Castro

CLEVELAND PUBLIC SCHOOLS

1200 East 6th Street Cleveland, Ohio 44114-1211 (216) 574-6000

Alfred D. Tutela, Superintendent

TEMPORARY SCHOOL BUS DRIVER TRAINEE EMPLOYMENT AFFIDAVIT

I *Ariel Castro* accept the position of Temporary School Bus Driver Trainee with the understanding that the following terms and conditions will govern my employment as a Temporary School Bus Driver Trainee with the Board of Education, Cleveland City School District. I authorize the District to conduct a thorough background investigation of myself, including all appropriate police record checks. I further understand that my employment may be terminated should a background check disclose any of the following:

- a. An At-Fault Accident within the last eighteen (18) months.
- b. More than two (2) points against driver's license in last three years or excessive record of traffic violations.
- c. Conviction of a crime(s) including crimes involving moral turpitude.

I understand that before I can report to work for training I must take and pass a physical examination. I further understand that in order to become a permanent School Bus Driver Trainee, I must take and pass a competitive Civil Service Examination.

Ariel Castro
Signature of Applicant

3-6-91
Date

Kenneth L. Halek
Director, Classified Personnel
or Designee

MAR 06 1991
Date

RESOLUTION #114-86 was passed on February 13, 1986 - please note it will go into effect on August 13, 1986.

RESOLUTION NO. 114-86

ESTABLISHING RESIDENCY
REQUIREMENTS

WHEREAS, a goal of the Cleveland Board of Education is the encouragement of integration in society and the schools, and

WHEREAS, employees who live within the school district are more likely to be committed to an urban development system, and

WHEREAS, employees living in the district are more likely to be involved in the school and community activities, bringing them in contact with parents and community leaders, and are more likely to be committed to the future of the district and its schools, and

WHEREAS, employees who live in the school district are more likely to gain sympathy and understanding for the racial, social, economic and urban problems of the children with whom they work, and are less likely to be considered isolated from the communities in which they teach, now therefore be it

RESOLVED, except as otherwise provided by a majority rule of the Board of Education, every regular non-teaching employee of the Cleveland City School District, including but not limited to certificated, classified or unclassified, who are initially appointed after the effective date of this Resolution, shall at the time of his/her appointment or within one year thereafter, be or become a bona fide resident of the Cleveland City School District and shall remain as such while employed by the Cleveland City School District, and be it further

RESOLVED, that the effective date of this Resolution shall be six (6) months from the date of passage of this Resolution and, be it further

RESOLVED, that re-appointment of an employee at the expiration of his contract or the recalling of previously laid off or retired employees shall not be considered an initial appointment for purposes of this Resolution.

Ariel Castro
Signature

12-11-90
Date

Shirley Buck

Director - Classified Personnel or
Designee

12-11-90
Date

CLEVELAND PUBLIC SCHOOLS

Residency Requirement Agreement Form

Applicant's Name: Ariel Castro

Address: 2233 W. 98 Cleve. Oh. 44102

Telephone Number: 459-1472

Social Security Number: [REDACTED]

Position: Bus Driver

Department: _____

Division: _____

Department Head: _____

Supervisor: _____

Work Site: Ridge

Please read the statements below and affix your signature and the date to the right of your signature.

I am not a resident of the Cleveland City School District. My correct address is shown above.

I have read Board Resolution #114-86 requiring that effective August 13, 1986, new hires must live in the Cleveland city School District or within one year after their date of hire they must establish residency in the Cleveland City School District.

It is my intention to establish residency in the Cleveland City School District within one year of the date of hire in order to comply with Board Resolution #114-86.

I understand that as a new hire should I fail to establish a residence in the Cleveland City School District within one year of the date of hire in conformance with Resolution #114-86 I will be discharged as an employee of the Cleveland City School District.

Ariel Castro 12-11-90
Signature of Applicant Date

Shirley Lutz 12-11-90
Signature of Personnel Date
Director or designee

CLEVELAND PUBLIC SCHOOLS

EMPLOYEE CONFLICT OF INTEREST AGREEMENT FORM

No employee shall recklessly fail to perform a duty expressly imposed by law with respect to his/her office, or recklessly do any act expressly forbidden by law with respect to the employee's office.

Nepotism. The Board shall not hire member of the immediate family of a professional or support staff employee in the same administrative unit or under the same immediate supervisor as the employee. At no time may administrators be directly responsible for the supervision or evaluation of members of their immediate family or household without consent of administration.

Investment in Conflict with Official Duties. Employees shall not invest or hold any investment directly or indirectly in any financial, business, commercial, or other private transaction that creates a conflict with school duties.

Private Employment. Employees shall not engage in, solicit, negotiate for, or promise to accept private employment or render services for private interests when such employment or service creates a conflict with or impairs the proper discharge of official school duties. Neither shall employees engage in any private business on school property nor during their regular working hours nor during the additional time they need to fulfill the responsibilities of the position. Employees shall not use any district equipment or materials in performing work not related to their official school duties.

Future Employment. Employees shall not, after the termination of service or employment with the Board, appear before the Board of any school district agency on behalf of themselves or third parties in relation to any case, preceding, or application in which they personally participated during the period of their service, or employment, or which was under their active consideration.

BY SIGNATURE AFFIXED BELOW, I CERTIFY THAT I HAVE READ AND AGREE TO ABIDE BY BOARD POLICY #4214.3 ENTITLED "EMPLOYEE CONFLICT OF INTEREST".

Ariel Castro

SIGNATURE

12-11-90

DATE

Ariel Castro

PLEASE PRINT NAME

Shirley Luck

DIRECTOR-CLASSIFIED
PERSONNEL OR DESIGNEE

12-11-90

DATE

CLEVELAND PUBLIC SCHOOLS

CLASSIFIED PERSONNEL DIVISION

_____ I have read a memorandum dated December 22, 1986 describing the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).

_____ I understand that should I experience a reduction in number of hours worked or be laid off, terminated, or fired. I have the opportunity to receive the same options for health care benefits that I have at the group rate.

_____ I understand that should I die my beneficiaries will have the opportunity to purchase health care benefits.

_____ I understand that should there be a change in my relationship with my family my spouse will have an opportunity to purchase health care benefits which they currently have at the group rate.

Ariel Castro

Signature

12-11-90

Date

Shirley La ...

Signature of Classified Personnel
Representative

12-11-90

Date

TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE

CLEVELAND PUBLIC SCHOOLS

1350 East 9th Street • Cleveland, Ohio 44114 • 216-574-5600

Alfred D. Tutela, Superintendent

TEMPORARY SCHOOL BUS DRIVER TRAINEE EMPLOYMENT AFFIDAVIT

I, Ariel Castro, accept the position of Temporary School Bus Driver Trainee with the understanding that the following terms and conditions will govern my employment as a Temporary School Bus Driver Trainee with the Board of Education, Cleveland City School District. I authorize the District to conduct a thorough background investigation of myself, including all appropriate police record checks. I further understand that my employment may be terminated should a background check disclose any of the following:

- A. An At-Fault Accident within the last eighteen (18) months
- B. More than two (2) points against driver's license in last three years or excessive record of traffic violations.
- C. Conviction of a crime(s) including crimes involving moral turpitude.

I understand that before I can report to work for training I must take and pass a physical examination. I further understand that in order to become a permanent School Bus Driver Trainee, I must take and pass a competitive Civil Service Examination.

Ariel Castro
Signature of Applicant

12-11-90
Date

Shirley Rusk
Director, Classified Personnel
or Designee

12-11-90
Date

2

Tracking Form Number 2959	Effective 8/23/2004	Employee CASTRO, ARIEL
Change Type Location Change	Transfer Type Other (specify)	
Staffing Signed Y	Budgets Signed Y	Comp. Signed Y
Staffing Signer AUDREY LETSON	Budgets Signer AMBER BURGESS	Comp. Signer DORIAN ROWELL
Staffing Signed On 8/19/2004 10:12	Budgets Signed On 9/17/2004 13:13	Comp. Signed On 9/20/2004 12:53
Notes per collective bargaining agreement		

Original Values

Basic Information

SSN [REDACTED]	Last Name CASTRO	First Name ARIEL	MI
Gender Male	Ethnicity HISPANIC	Primary Location LAKE CENTER	Loc. Code 0969

Assignment

Job Identifier 650760	Job Title PROFESSIONAL DRIVER	Contract No. 0
Pay Table HRL407	Grade REGLR	Step 5
Table Amount \$ 17.78		
Contract Days 260	Normal Days 260	Leave Accrual FTE 74
Other Amount [N/A]	Contract Amount [N/A]	

Account (s)

Account 001.0383.2810.141.000000.964.00.000	Distribution 100
--	---------------------

Changed Values

Basic Information

SSN [REDACTED]	Last Name CASTRO	First Name ARIEL	MI
Gender Male	Ethnicity HISPANIC	Primary Location LAKE CENTER	Loc. Code 0969

Assignment

Job Identifier 650760	Job Title PROFESSIONAL DRIVER	Contract No. 0
Pay Table HRL407	Grade REGLR	Step 5
Table Amount \$ 17.78		
Contract Days 260	Normal Days 260	Leave Accrual FTE 74
Other Amount [N/A]	Contract Amount \$ 17.26	

Account (s)

Account 001.0383.2810.141.000000.969.00.000	Distribution 100
--	---------------------

Cleveland Municipal School District

ESWEB

EMPLOYEE SERVICES for DORIAN ROWELL

[HOME](#)

[go to RECRUITER menu](#)

[Log Out](#)

Position Change Tracking Form

Staffing

Finance

Compensation

Done

Transaction Type	Contract Status	Effective Date
Location Change	...	8 / 23 / 2004
Transfer Type		
Other (specify)		
MEMO		
per collective bargaining agreement		

Staffing	Finance	Compensation
<input checked="" type="checkbox"/> AUDREY LETSON 8/19/2004 10:12:37 AM	<input checked="" type="checkbox"/> AMBER BURGESS 9/17/2004 1:13:22 PM	<input type="checkbox"/>

To cancel a signature, click on one of the shown above. This will remove this tracking form affecting the roster.

[Summary of Changes](#)

Current Information

SSN	Gender	Ethnicity
[REDACTED]	Male	HISPANIC
First Name	Last Name	MI
ARIEL	CASTRO	
Primary Location		
(0969) LAKE CENTER		

New Information

Enter location 0000 while new location has not been fin:

SSN	Gender	Eth
[REDACTED]	<input type="radio"/> Female <input checked="" type="radio"/> Male	HISPA
First Name	Last Name	
ARIEL	CASTRO	
Primary Location		
0969	(0969) LAKE CENTER	

Job Code	Contract Number	
(650760) PROFESSIONAL DRIVER HRL407-LOCAL 407 HOURLY BUS DRVRS	0	
Table Grade Step Amount		
HRL407 REGLR 5 \$17.26		
Contract Days	Normal Days	Leave Accrual FTE
260	260	74
Other Amount	Contract Amount	
\$0.00	\$0.00	

Job Code	Contract	
650760 (650760) PROFESSIONAL DRIVER HRL407-LOCAL 407 HOURLY BUS DRVRS		
Table Grade Step Amount		
HRL407 REGLR 5 \$17.26		
Contract Days	Normal Days	Leave Acc
260	260	
Other Amount	Contract Amount	
\$0.00	\$17.26	

Account	Percent
001.0383.2810.141.000000.964.00.000	100

Account
001 . 0383 . 2810 . 141 . 000000 . 969 . 00 . 000 <input checked="" type="checkbox"/>
<input type="checkbox"/> Request Creation

[Add Account](#)

[Remove Account](#)

**CLEVELAND CITY SCHOOL DISTRICT
PERSONNEL ACTION FORM (PAF)**

RUN DATE : 09/18/98

ORG.	ORGANIZATION NAME			EFFECTIVE DATE	PERSONNEL ACTION		
ORG02	CLASSIFIED PERSONNEL			05/07/97	18		
EMPLOYEE I.D.	EMPLOYEE NAME			SUFFIX	PREFIX		
	CASTRO, ARIEL				MR.		
STREET ADDRESS			CITY	STATE	ZIP CODE		
2207 SEYMOUR			CLEVELAND	OH	44113		
HOME TELEPHONE	SEX	DATE OF BIRTH	MARITAL STATUS	ETHNICITY			
(216)459-1472	M	07/10/60	M	3			
EMERGENCY CONTACT			RELATIONSHIP	CONTACT TELEPHONE			
			FRIEND				
EMPLOYMENT STATUS	STATUS DATE	EMPLOYMENT DATE	SEP. REASON	LEAVE OF ABSENCE RETURN DATE	LEAVE OF ABSENCE REASON		
A	02/19/91	02/19/91					
REG. OR TEMP.	FULL/PART TIME	EMP. TYPE	PAY STATUS	SENIORITY DATE	ORIGINAL HIRE DATE		
R	F	N	H	02/19/91	02/19/91		
BENEFITS BASE SALARY	ACCOUNT DEPT. NUMBER	CONT. STATUS	CONT. WKS.	CONT. DAYS	CONT. EXP. DATE		
	02410000						
CHECK SORT	CHECK LOCATION	20/26 IND.	% TIME EMPLOYED	BENEFITS ELIGIBILITY			
2844	0964	26	100%	1			
JOB NO.	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS CODE	CLASS ENTRY DATE	PAY RATE	RATE CODE
2	08/24/92	99/99/99		650760	02/19/91	\$14.664	H
RANGE/STEP	% FULL TIME	PAY CYCLE	JOB DEPT. NO.	TIME RPT.	SEA. IND.	SHIFT IND.	JOB SENIORITY DATE
C3	100.00%	B1	02410000	P		D	08/24/1992
CBOE DAILY RATE	JOB ADJ. SENIORITY DATE	DEG. ALLOW.	TIME SHEET LOCATION	TIME SHEET SORT	MAX. DAYS	INDICATOR	
\$14.664	08/24/1992		0964	2844			
ACCOUNT NUMBER			EARN TYPE	RATE/AMOUNT	PERCENT	START DATE	STOP DATE
1. 4-012-069-2-51001411-0964			REH		100.00%	08/24/92	99/99/99
2. 4-012-069-2-51001411-0964			SPT		100.00%	08/24/92	99/99/99
3.							
JOB TITLE				SCHOOL LOCATION			
PROFESSIONAL DRIVER STEP3				OPERATIONS OFFICE RIDGE ROAD M/T DEPOT(DOHRN)			

REMARKS

PREPARED BY	DATE	CHECKED BY	DATE	APPROVED BY	DATE

DIVISION OF PERSONNEL	DATE	APPOINTING AUTHORITY

01. INITIAL EMPLOYMENT (NEW EMPLOYEE)
02. LEAVE OF ABSENCE WITH PAY
03. LEAVE OF ABSENCE WITHOUT PAY
04. RETURN FROM LEAVE OF ABSENCE
05. SEPARATION
06. PROMOTION
07. JOB RECLASSIFICATION
08. DEMOTION
09. JOB ASSIGNMENT (CHANGE)
10. TRANSFER
11. REAPPOINTMENT
12. OTHER
19. ADJUSTMENT (SALARY)

01. INITIAL EMPLOYMENT (NEW EMPLOYEE)
02. LEAVE OF ABSENCE WITH PAY
03. LEAVE OF ABSENCE WITHOUT PAY
04. RETURN FROM LEAVE OF ABSENCE
05. SEPARATION
06. PROMOTION
07. JOB RECLASSIFICATION
08. DEMOTION
09. JOB ASSIGNMENT (CHANGE)
10. TRANSFER
11. REAPPOINTMENT
12. OTHER
19. ADJUSTMENT (SALARY)

EMPLOYEE SALARY HISTORY

PGM ID: ISI00B45
DATE : 11/09/95

CASTRO, ARIEL
ORIG. HIRE DATE: 02-19-91 EMPLOYMENT DATE: 02-19-91

DATE	JOB CLASS	JOB TITLE	TIME ANNUAL CODE RATE	CBOE RATE	BARG PAY UNIT STEP	ERN RATE/TYPE AMOUNT	ORIGIN OF DATA
12 28 92	650730	PROFESSIONAL DRIVER	H .00	11.296	DG1 00	.000	E
04 05 93	650730	PROFESSIONAL DRIVER	H .00	11.296	DG1 00	.000	E
06 30 93	650730	PROFESSIONAL DRIVER	H .00	11.635	DG1 00	.000	E
10 03 93	650740	PROFESSIONAL DRIVER	H .00	12.249	DG1 01	.000	E
12 31 93	650740	PROFESSIONAL DRIVER	H .00	12.249	DG1 01	.000	E
04 06 94	650740	PROFESSIONAL DRIVER	H .00	12.249	DG1 01	.000	E
06 29 94	650740	PROFESSIONAL DRIVER	H .00	12.249	DG1 01	.000	E
10 06 94	650750	PROFESSIONAL DRIVER	H .00	12.980	DG1 02	.000	E
12 31 94	650750	PROFESSIONAL DRIVER	H .00	12.980	DG1 02	.000	E
04 05 95	650750	PROFESSIONAL DRIVER	H .00	12.980	DG1 02	.000	E
07 11 95	650750	PROFESSIONAL DRIVER	H .00	12.980	DG1 02	.000	E
10 27 95	650760	PROFESSIONAL DRIVER	H .00	14.237	DG1 03	.000	E

FOR LOCAL 407, THE RATES REFLECT INCREASES OF 5% ON 9-1-89,
1% ON 7-1-90, 4% ON 7-1-91, 1% ON 9-15-91, 3% ON 7-1-92,
0% ON 7-1-93, 2% ON 7-1-94 AND 6% ON 7-1-95

**CLEVELAND CITY SCHOOL DISTRICT
PERSONNEL ACTION FORM (PAF)**

ISSUE DATE : 03/08/93

ORG.	ORGANIZATION NAME			EFFECTIVE DATE	PERSONNEL ACTION		
DRG. 2	CLASSIFIED PERSONNEL			09/01/92	12		
EMPLOYEE I.D.	EMPLOYEE NAME			SUFFIX	PREFIX		
[REDACTED]	CASTRO, ARIEL				4R.		
STREET ADDRESS			CITY	STATE	ZIP CODE		
2207 SEYMOUR			CLEVELAND	OH	44113		
HOME TELEPHONE	SEX	DATE OF BIRTH	MARITAL STATUS	ETHNICITY			
(216)459-1472	M.	07/10/60	M	3			
EMERGENCY CONTACT			RELATIONSHIP	CONTACT TELEPHONE			
[REDACTED]			FRIEND	[REDACTED]			
EMPLOYMENT STATUS	STATUS DATE	EMPLOYMENT DATE	SEP. REASON	LEAVE OF ABSENCE RETURN DATE	LEAVE OF ABSENCE REASON		
A	02/19/91	02/19/91					
REG. OR TEMP.	FULL/PART TIME	EMP. TYPE	PAY STATUS	SENIORITY DATE	ORIGINAL HIRE DATE		
	F	M	H	02/19/91	02/19/91		
BENEFITS BASE SALARY	ACCOUNT DEPT. NUMBER	CONT. STATUS	CONT. WKS.	CONT. DAYS	CONT. EXP. DATE		
	02410003						
CHECK SORT	CHECK LOCATION	20/26 IND.	% TIME EMPLOYED	BENEFITS ELIGIBILITY			
2844	0964	23	100%	1			
JOB NO.	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS CODE	CLASS ENTRY DATE	PAY RATE	RATE CODE
2	03/24/92	99/99/99		550760	02/19/91	514.237	H
RANGE/STEP	% FULL TIME	PAY CYCLE	JOB DEPT. NO.	TIME RPT.	SEA. IND.	SHIFT IND.	JOB SENIORITY DATE
03	100.00%	31	02410000	P		0	08/24/1992
CBOE DAILY RATE	JOB ADJ. SENIORITY DATE	DEG. ALLOW.	TIME SHEET LOCATION	TIME SHEET SORT	MAX. DAYS	INDICATOR	
514.237	03/24/1992		0964	2844			
ACCOUNT NUMBER			EARN TYPE	RATE/AMOUNT	PERCENT	START DATE	STOP DATE
1. 4-012-000-2-31001411-0964			REM		100.00%	08/24/92	99/99/99
2. 4-012-000-2-31001411-0964			SPT		100.00%	08/24/92	99/99/99
3.							
JOB TITLE				SCHOOL LOCATION			
PROFESSIONAL DRIVER STEP 3				OPERATIONS OFFICE RIDGE ROAD N/T DEPOT (JOHN)			

REMARKS

ADJUSTMENT (SALARY)-----

PREPARED BY	DATE	CHECKED BY	DATE	APPROVED BY	DATE
<i>Marie [Signature]</i>	4-15-93	<i>Marie [Signature]</i>	4-15-93	<i>Alvin [Signature]</i>	2-15-93

DIVISION OF PERSONNEL	DATE	APPOINTING AUTHORITY

01. INITIAL EMPLOYMENT (NEW EMPLOYEE)
02. LEAVE OF ABSENCE WITH PAY
03. LEAVE OF ABSENCE WITHOUT PAY
04. RETURN FROM LEAVE OF ABSENCE
05. SEPARATION
06. PROMOTION
07. JOB RECLASSIFICATION
08. DEMOTION
09. JOB ASSIGNMENT (CHANGE)
10. TRANSFER
11. REAPPOINTMENT
12. OTHER
19. ADJUSTMENT (SALARY)

**CLEVELAND CITY SCHOOL DISTRICT
PERSONNEL ACTION FORM (PAF)**

DATE: 11/15/93

ORG.		ORGANIZATION NAME			EFFECTIVE DATE		PERSONNEL ACTION			
CPUSA		CLASSIFIED PERSONNEL			09/01/93		19			
EMPLOYEE I.D.		EMPLOYEE NAME			SUFFIX		PREFIX			
[REDACTED]		CASTRO, APRIEL					M.			
STREET ADDRESS				CITY		STATE		ZIP CODE		
2807 S. YAKON				CLEVELAND		OH		44113		
HOME TELEPHONE		SEX	DATE OF BIRTH		MARITAL STATUS		ETHNICITY			
(415) 459-1472		F	07/10/50		M		3			
EMERGENCY CONTACT				RELATIONSHIP		CONTACT TELEPHONE				
[REDACTED]				FRIEND		[REDACTED]				
EMPLOYMENT STATUS	STATUS DATE		EMPLOYMENT DATE		SEP. REASON		LEAVE OF ABSENCE RETURN DATE		LEAVE OF ABSENCE REASON	
A	02/19/91		02/19/91							
REG. OR TEMP.	FULL/PART TIME	EMP. TYPE	PAY STATUS	SENIORITY DATE		ORIGINAL HIRE DATE				
	F		H	02/29/91		02/19/91				
BENEFITS BASE SALARY		ACCOUNT DEPT. NUMBER		CONT. STATUS		CONT. WKS.		CONT. DAYS		CONT. EXP. DATE
		02410000								
CHECK SORT	CHECK LOCATION	20/26 IND.		% TIME EMPLOYED		BENEFITS ELIGIBILITY				
1844	0904	20		100%		1				
JOB NO.	BEGIN DATE		END DATE		POSITION NO.	JOB CLASS CODE	CLASS ENTRY DATE		PAY RATE	RATE CODE
	03/24/92		03/99/99			00740	02/19/91		212.249	d
RANGE/STEP	% FULL TIME		PAY CYCLE	JOB DEPT. NO.		TIME RPT.	SEA. IND.	SHIFT IND.	JOB SENIORITY DATE	
C1	100.00%		1	02410000		P			03/24/1992	
CBOE DAILY RATE		JOB ADJ. SENIORITY DATE		DEG. ALLOW.		TIME SHEET LOCATION	TIME SHEET SORT	MAX. DAYS		INDICATOR
212.249		06/24/1992				0964	2844			
ACCOUNT NUMBER				EARN TYPE	RATE/AMOUNT		PERCENT	START DATE		STOP DATE
1. 3-012-064-2-31001411-0964				JEN			100.00%	03/24/92		03/99/99
2. 4-012-064-2-31001411-0964				SPT			100.00%	03/24/92		03/99/99
3.										
JOB TITLE						SCHOOL LOCATION				
PROFESSIONAL DRIVER STEP 1						OPERATIONS OFFICE RIDGE ROAD P/T DEPT (COMM)				

REMARKS

ADJUSTMENT (SALARY)

PREPARED BY	DATE	CHECKED BY	DATE	APPROVED BY	DATE
[Signature]	11-21-93				

DIVISION OF PERSONNEL	DATE	APPOINTING AUTHORITY

01. INITIAL EMPLOYMENT (NEW EMPLOYEE)
02. LEAVE OF ABSENCE WITH PAY
03. LEAVE OF ABSENCE WITHOUT PAY
04. RETURN FROM LEAVE OF ABSENCE
05. SEPARATION
06. PROMOTION
07. JOB RECLASSIFICATION
08. DEMOTION
09. JOB ASSIGNMENT (CHANGE)
10. TRANSFER
11. REAPPOINTMENT
12. OTHER
19. ADJUSTMENT (SALARY)

CASTRO, ARIEL
 ORIG. HIRE DATE: 02-19-91 EMPLOYMENT DATE: 02-19-91

DATE	JOB CLASS	JOB TITLE	TIME ANNUAL CODE RATE	PAY RATE	BARG PAY UNIT STEP	ERN RATE/ TYPE AMOUNT	ORIGIN OF DATA
08 02 91	650720	INTERN DRIVER			DG 00		P
		H	.00	10.337	000	.000	
10 11 91	650720	INTERN DRIVER			DG 00		P
		H	.00	10.337	000	.000	
12 31 91	650720	INTERN DRIVER			DG1		E
		H	.00	10.967		.000	
06 30 92	650720	INTERN DRIVER			DG1		E
		H	.00	10.967		.000	
08 31 92	650720	INTERN DRIVER			DG1		E
		H	.00	11.296		.000	
12 31 92	650730	PROFESSIONAL DRIVER			DG1 00		E
		H	.00	11.296		.000	

FOR LOCAL 407, THE RATES REFLECT INCREASES OF 5% ON 9-1-89, 1% ON 7-1-90, 4% ON 7-1-91, 1% ON 9-15-91, AND 3% ON 7-1-92

**CLEVELAND CITY SCHOOL DISTRICT
PERSONNEL ACTION FORM (PART 1)**

RUN DATE : 10/02/92

ORG.	ORGANIZATION NAME			EFFECTIVE DATE	PERSONNEL ACTION		
DR002	CLASSIFIED PERSONNEL			08/24/92	06		
EMPLOYEE I.D.	EMPLOYEE NAME			SUFFIX	PREFIX		
	CASTRO, ARIEL				MR.		
STREET ADDRESS			CITY	STATE	ZIP CODE		
2207 SEYMOUR			CLEVELAND	OH	44113		
HOME TELEPHONE	SEX	DATE OF BIRTH	MARITAL STATUS	ETHNICITY			
(216)459-1472	M	07/10/60	M	3			
EMERGENCY CONTACT			RELATIONSHIP	CONTACT TELEPHONE			
			FRIEND				
EMPLOYMENT STATUS	STATUS DATE	EMPLOYMENT DATE	SEP. REASON	LEAVE OF ABSENCE RETURN DATE	LEAVE OF ABSENCE REASON		
A	02/19/91	02/19/91					
REG. OR TEMP.	FULL/PART TIME	EMP. TYPE	PAY STATUS	SENIORITY DATE	ORIGINAL HIRE DATE		
A	F	N	H	02/19/91	02/19/91		
BENEFITS BASE SALARY	ACCOUNT DEPT. NUMBER	CONT. STATUS	CONT. WKS.	CONT. DAYS	CONT. EXP. DATE		
	16200000						
CHECK SORT	CHECK LOCATION	20/26 IND.	% TIME EMPLOYED	BENEFITS ELIGIBILITY			
2844	0964	26	100%	1			
JOB NO.	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS CODE	CLASS ENTRY DATE	PAY RATE	RATE CODE
2	08/24/92	99/99/99		650730	08/24/92	\$11.296	H
RANGE/STEP	% FULL TIME	PAY CYCLE	JOB DEPT. NO.	TIME RPT.	SEA. IND.	SHIFT IND.	JOB SENIORITY DATE
	100.00%	B1	16200000	P		D	08/24/1992
CBOE DAILY RATE	JOB ADJ. SENIORITY DATE	DEG. ALLOW.	TIME SHEET LOCATION	TIME SHEET SORT	MAX. DAYS	INDICATOR	
\$11.296	08/24/1992		0964	2844			
ACCOUNT NUMBER			EARN TYPE	RATE/AMOUNT	PERCENT	START DATE	STOP DATE
4-012-063-2-51001411-0964			REH		100.00%	08/24/92	99/99/99
4-012-063-2-51001411-0964			SPT		100.00%	08/24/92	99/99/99
JOB TITLE			SCHOOL LOCATION				
PROFESSIONAL DRIVER STEPO			TRANSPORTATION OPERATIONS DIV RIDGE ROAD M/T DEPOT(DOHRN				

REMARKS

PLEASE SEE THE BACK OF FORM
FOR A DEFINITION OF PERSONNEL ACTION CODES.

PREPARED BY: *Pat Bogdan* DATE: CHECKED BY: DATE: APPROVED BY: DATE:

DIVISION OF PERSONNEL DATE: APPOINTING AUTHORITY:

PERSONNEL INFORMATION REPORT

FORM P-11A 8-79

APPOINTMENT	
<input type="checkbox"/>	TEMPORARY - PENDING EXAMINATION
<input type="checkbox"/>	REGULAR
<input type="checkbox"/>	DATE OF CERTIFICATION _____
<input type="checkbox"/>	EMERGENCY UP TO 30 DAYS
<input type="checkbox"/>	EXPIRES AFTER _____
<input type="checkbox"/>	TEMPORARY
<input checked="" type="checkbox"/>	CHANGE OF ASSIGNMENT AND/OR REASSIGNMENT RELOCATION

EXPLAIN IN REMARKS BELOW

EXPIRATION	
<input type="checkbox"/>	DEATH
<input type="checkbox"/>	DISMISSAL
<input type="checkbox"/>	LAYOFF
<input type="checkbox"/>	LEAVE OF ABSENCE
<input type="checkbox"/>	RESIGNATION
<input type="checkbox"/>	SUSPENSION

EFFECTIVE DATE MONTH DAY YEAR 08 23 91	PENSION CODE <input type="checkbox"/> T - TEACHING <input type="checkbox"/> N - NON-TEACHING <input type="checkbox"/> B - BOTH SYSTEMS 03001	EMPLOYEE NUMBER 290692	DATE OF BIRTH MONTH DAY YEAR	PERSONNEL 5
--	--	---------------------------	---------------------------------	-------------

LAST NAME CASTRO,	FIRST NAME ARIEL	MIDDLE NAME	FORMER NAME	A
----------------------	---------------------	-------------	-------------	---

STREET ADDRESS 2233 WEST 98TH STREET - CLEVELAND, OHIO	CITY CLEVELAND, OHIO	STATE	ZIP CODE 44102
---	-------------------------	-------	-------------------

SEX <input type="checkbox"/> 1 - FEMALE <input type="checkbox"/> 2 - MALE 03801	MARITAL STATUS <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 2 - MARRIED <input type="checkbox"/> 3 - WIDOWED <input type="checkbox"/> 4 - DIVORCED <input type="checkbox"/> 5 - SEPARATED	TAX CODE <input type="checkbox"/> M - MARRIED <input type="checkbox"/> S - SINGLE 04103	NO. OF DEPENDENTS FEDERAL STATE <input type="checkbox"/> <input type="checkbox"/> 20002	MINORITY CLASSIFICATION 17801	TIME EMPLOYED % 100% = 00 04302	B
--	--	--	--	----------------------------------	---------------------------------------	---

DEPARTMENT NAME TRANSPORTATION DEPARTMENT	POSITION NAME TEMPORARY SUBSTITUTE DRIVER
SCHOOL NAME RIDGE ROAD DEPOT	

TEACHING POSITION DEPT. NUMBER POSITION NO. % OF DEPT. 01003 03403 01202	RETIREMENT <input type="checkbox"/> YES <input type="checkbox"/> NO 03201	TELEPHONE NUMBER AREA CODE _____	NON-TEACHING POSITION DEPT. NUMBER POSITION NO. % OF DEPT. 00903 03303 01102	SOCIAL SECURITY NUMBER [REDACTED]
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TIME CODE <input type="checkbox"/> D - DAILY <input type="checkbox"/> H - HOURLY <input type="checkbox"/> S - SALARY 04201	TIME SCHEDULE CODES <input type="checkbox"/> A-190 DAYS 38 WKS. <input type="checkbox"/> B-195 DAYS 39 WKS. <input type="checkbox"/> C-200 DAYS 40 WKS. <input type="checkbox"/> D-205 DAYS 41 WKS. <input type="checkbox"/> E-210 DAYS 42 WKS. <input type="checkbox"/> F-215 DAYS 43 WKS. <input type="checkbox"/> G-220 DAYS 44 WKS. <input type="checkbox"/> H-225 DAYS 45 WKS. <input type="checkbox"/> K-230 DAYS 46 WKS. <input type="checkbox"/> L-235 DAYS 47 WKS. <input type="checkbox"/> M-240 DAYS 48 WKS. <input type="checkbox"/> R-245 DAYS 52 WKS.	PAY CYCLE <input type="checkbox"/> 1-TEACHING PAYDATE <input type="checkbox"/> 2-NON-TEACHING PAYDATE 02601	SCHEDULE AND STEP 03703	I. S. T. AMOUNT (DOLLARS ONLY) \$ 02104	DIFFERENTIAL AMT. (DOLLARS ONLY) \$ 01304
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CONTRACT OR ANNUAL SALARY \$ 00407	DAILY/HRLY. RATE 00605	EMPLOYMENT DATE MO. DAY YR. 00806	CHECK AND ADVISE EMPLOYEE <input checked="" type="checkbox"/>	HOSP.-INS. 17401	BOARD SH. 2	TOT. EMP. 3	EXPIRATION DATE INDEFINITE MO. DAY YR.	C
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SCHOOL CODE	SCHOOL NO.	SCHOOL %	FUND CODE	BUDGET NUMBER	SCHOOL CODE	SCHOOL NO.	SCHOOL %	FUND CODE	BUDGET NUMBER
10	964	00	12	51002	2				
09101	09203	08702	08902	09005	09801	09903	09402	09602	09705
3					4				
10501	10603	10102	10302	10405	11201	11303	10802	11002	11105
5					D 6				
11901	12003	11502	11702	11805	12601	12703	12202	12402	12505

REMARKS:
RELOCATION - EFFECTIVE 08/23/91
ERF# 427

PREPARED BY LUCY S. FOY	APPROVED BY ALVIN EVANS	DATE	CHECKED BY	KEYPUNCHED BY	VERIFIED BY	DATE REC'D DATA PROC.
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DATE 09/27/91	DIVISION OF PERSONNEL	APPOINTING AUTHORITY
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1954

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PERSONNEL INFORMATION REPORT

FORM P-11A 8-79

APPOINTMENT	
<input checked="" type="checkbox"/>	TEMPORARY - PENDING EXAMINATION
<input type="checkbox"/>	REGULAR
<input type="checkbox"/>	DATE OF CERTIFICATION _____
<input type="checkbox"/>	EMERGENCY UP TO 30 DAYS
<input type="checkbox"/>	EXPIRES AFTER _____
<input type="checkbox"/>	TEMPORARY
<input type="checkbox"/>	CHANGE OF ASSIGNMENT AND/OR RATE

EXPIRATION	
<input type="checkbox"/>	DEATH
<input type="checkbox"/>	DISMISSAL
<input type="checkbox"/>	LAYOFF
<input type="checkbox"/>	LEAVE OF ABSENCE
<input type="checkbox"/>	RESIGNATION
<input type="checkbox"/>	SUSPENSION

EXPLAIN IN REMARKS BELOW

EFFECTIVE DATE MONTH: 04 DAY: 29 YEAR: 91	PENSION CODE <input type="checkbox"/> T - TEACHING <input type="checkbox"/> N - NON-TEACHING <input type="checkbox"/> B - BOTH SYSTEMS 03001	EMPLOYEE NUMBER 290692	DATE OF BIRTH MONTH: _____ DAY: _____ YEAR: _____	PERSONNEL 5
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LAST NAME CASTRO,	FIRST NAME ARIEL	MIDDLE NAME	FORMER NAME	A
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STREET ADDRESS 2233 WEST 98th STREET - CLEVELAND, OHIO	CITY CLEVELAND, OHIO	STATE 44102	ZIP CODE
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SEX <input type="checkbox"/> 1 - FEMALE <input type="checkbox"/> 2 - MALE 03801	MARITAL STATUS <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 2 - MARRIED <input type="checkbox"/> 3 - WIDOWED 4 - DIVORCED 5 - SEPARATED	TAX CODE <input type="checkbox"/> M - MARRIED <input type="checkbox"/> S - SINGLE 04103	NO. OF DEPENDENTS FEDERAL: _____ STATE: _____ 20002	MINORITY CLASSIFICATION 17801	TIME EMPLOYED % 100% = 00 04302	B
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DEPARTMENT NAME TRANSPORTATION DEPARTMENT	POSITION NAME
SCHOOL NAME LIDGE ROAD DEPOT	TEMPORARY POSITION CODE

TEACHING POSITION DEPT. NUMBER: 01003 POSITION NO.: 03403 % OF DEPT.: 01202	RETIREMENT <input type="checkbox"/> YES <input type="checkbox"/> NO 03201	TELEPHONE NUMBER AREA CODE _____	NON TEACHING POSITION DEPT. NUMBER: 00903 POSITION NO.: 03303 % OF DEPT.: 01102	SOCIAL SECURITY NUMBER [REDACTED]
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TIME CODE <input type="checkbox"/> D - DAILY <input type="checkbox"/> H - HOURLY <input type="checkbox"/> S - SALARY 04201	TIME SCHEDULE CODES A-190 DAYS 38 WKS. B-195 DAYS 39 WKS. C-200 DAYS 40 WKS. D-205 DAYS 41 WKS. E-210 DAYS 42 WKS. F-215 DAYS 43 WKS. G-220 DAYS 44 WKS. H-225 DAYS 45 WKS. K-230 DAYS 46 WKS. L-235 DAYS 47 WKS. M-240 DAYS 48 WKS. R-260 DAYS 52 WKS. 04401	PAY CYCLE <input type="checkbox"/> 1 - TEACHING PAYDATE <input type="checkbox"/> 2 - NON-TEACHING PAYDATE 02601	SCHEDULE AND STEP 03703	I. S. T. AMOUNT (DOLLARS ONLY) \$ 02104	DIFFERENTIAL AMT. (DOLLARS ONLY) \$ 01304
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CONTRACT OR ANNUAL SALARY \$ 00407	DAILY/HR. RATE 10 337	EMPLOYMENT DATE MO. DAY YR. 00605 00806	HOSP.-INS. BOARD SH. [] TOT. EMP. 2 NONE [] 17401 (9)	EXPIRATION DATE INDEFINITE MO. DAY YR.	C
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SCHOOL CODE	SCHOOL NO.	SCHOOL %	FUND CODE	BUDGET NUMBER	SCHOOL CODE	SCHOOL NO.	SCHOOL %	FUND CODE	BUDGET NUMBER
10	964	00	12	51000	2				
09101	09203	08702	08902	09005	09801	09903	09402	09602	09705
3					4				
10501	10603	10102	10302	10405	11201	11303	10802	11002	11105
5					D 6				
11901	12003	11502	11702	11805	12601	12703	12202	12402	12505

REMARKS:
PROMOTION - PENDING PASSING OF CIVIL SERVICE EXAMINATION.
ERF# 7841.

PREPARED BY LUCY S., FOY	APPROVED BY ALVIN EVANS	DATE	CHECKED BY	KEYPUNCHED BY	VERIFIED BY	DATE REC'D DATA PROC.
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DIVISION OF PERSONNEL APPOINTING AUTHORITY

DATE 05/28/91 DATE

TRAINING AGREEMENT

I, Ariel Castro, understand that I am being trained by the Transportation Department of the Cleveland Board of Education in order to obtain my school bus driver's license. I further understand that if I am hired by the Board following my training, I will be classified as a Substitute Driver when and as needed.

The classification of Substitute Driver when and as needed entails the following:

I will be called into work as I am needed to work.

I am not eligible for medical or insurance coverage.

I will not be paid sick days.

I will not receive vacation.

This classification will remain in effect until such time as I am able to bid or am assigned a regularly scheduled route. My probationary period as a regular driver will start on my appointment date as a regular driver.

Ariel Castro

Driver's Signature

Dated: 3-6-91

PERSONNEL INFORMATION REPORT

APPOINTMENT	
<input checked="" type="checkbox"/>	TEMPORARY - PENDING EXAMINATION
<input type="checkbox"/>	REGULAR
<input type="checkbox"/>	DATE OF CERTIFICATION _____
<input type="checkbox"/>	EMERGENCY UP TO 30 DAYS
<input type="checkbox"/>	EXPIRES AFTER _____
<input type="checkbox"/>	TEMPORARY
<input type="checkbox"/>	CHANGE OF ASSIGNMENT AND/OR RATE

EXPIRATION	
<input type="checkbox"/>	DEATH
<input type="checkbox"/>	DISMISSAL
<input type="checkbox"/>	LAYOFF
<input type="checkbox"/>	LEAVE OF ABSENCE
<input type="checkbox"/>	RESIGNATION
<input type="checkbox"/>	SUSPENSION

EXPLAIN
IN REMARKS
BELOW

EFFECTIVE DATE MONTH DAY YEAR 02 19 91	PENSION CODE <input checked="" type="checkbox"/> T - TEACHING <input type="checkbox"/> N - NON-TEACHING <input type="checkbox"/> B - BOTH SYSTEMS 03001	EMPLOYEE NUMBER 290692	DATE OF BIRTH MONTH DAY YEAR 07 10 60	PERSONNEL 5
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LAST NAME Castro	FIRST NAME Ariel	MIDDLE NAME	FORMER NAME
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STREET ADDRESS 2233 West 98 Street - Cleveland, OH	CITY 44102	STATE	ZIP CODE
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SEX <input checked="" type="checkbox"/> 1 - FEMALE <input type="checkbox"/> 2 - MALE 03801	MARITAL STATUS <input checked="" type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 2 - MARRIED <input type="checkbox"/> 3 - WIDOWED	TAX CODE <input checked="" type="checkbox"/> M - MARRIED <input type="checkbox"/> S - SINGLE 04103	NO. OF DEPENDENTS FEDERAL STATE 06 06	MINORITY CLASSIFICATION 17801	TIME EMPLOYED % 100% = 00 04302
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DEPARTMENT NAME Transportation	POSITION NAME Temporary School Bus Driver Trainee
SCHOOL NAME Ridge Road Depot	

TEACHING POSITION DEPT. NUMBER POSITION NO. % OF DEPT. 01003 03403 01202	RETIREMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 03201	TELEPHONE NUMBER AREA CODE 2 1 6 4 5 9 - 1 4 7 2	NON-TEACHING POSITION DEPT. NUMBER POSITION NO. % OF DEPT. 00903 03303 01102	SOCIAL SECURITY NUMBER [REDACTED]
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TIME CODE <input checked="" type="checkbox"/> D - DAILY <input type="checkbox"/> H - HOURLY <input type="checkbox"/> S - SALARY 04201	TIME SCHEDULE CODES <input checked="" type="checkbox"/> A-190 DAYS 38 WKS. <input type="checkbox"/> B-195 DAYS 39 WKS. <input type="checkbox"/> C-200 DAYS 40 WKS. <input type="checkbox"/> D-205 DAYS 41 WKS. <input type="checkbox"/> E-210 DAYS 42 WKS. <input type="checkbox"/> F-215 DAYS 43 WKS. <input type="checkbox"/> G-220 DAYS 44 WKS. <input type="checkbox"/> H-225 DAYS 45 WKS. <input type="checkbox"/> K-230 DAYS 46 WKS. <input type="checkbox"/> L-235 DAYS 47 WKS. <input type="checkbox"/> M-240 DAYS 48 WKS. <input type="checkbox"/> R-260 DAYS 52 WKS. 04401	PAY CYCLE <input checked="" type="checkbox"/> 1-TEACHING PAYDATE <input type="checkbox"/> 2-NON-TEACHING PAYDATE 02601	SCHEDULE AND STEP 03703	I. S. T. AMOUNT (DOLLARS ONLY) \$ 02104	DIFFERENTIAL AMT. (DOLLARS ONLY) \$ 01304
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CONTRACT OR ANNUAL SALARY \$ 00407	DAILY/HRLY. RATE 08 308	EMPLOYMENT DATE MO. DAY YR. 02 19 91	HOSP.-INS. BOARD SH. [] TOT. EMP. 2 NONE 3	EXPIRATION DATE Indefinite
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SCHOOL CODE	SCHOOL NO.	SCHOOL %	FUND CODE	BUDGET NUMBER	SCHOOL CODE	SCHOOL NO.	SCHOOL %	FUND CODE	BUDGET NUMBER
10	964	00	012	51002	2				
09101	09203	08702	08902	09005	09801	09903	09402	09602	09705
3					4				
10501	10603	10102	10302	10405	11201	11303	10802	11002	11105
5					D 6				
11901	12003	11502	11702	11805	12601	12703	12202	12402	12505

REMARKS:
New Employee NOTE: Pending background examination and physical examination.
Med Tax = Y
ERF # 7303

PREPARED BY Pat Bogdanski	APPROVED BY Alvin Evans	DATE	CHECKED BY	KEYPUNCHED BY	VERIFIED BY	DATE REC'D DATA PROC.
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DIVISION OF PERSONNEL	APPOINTING AUTHORITY
DATE 02-08-91	DATE

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*I caught Ariel going back to see scenes - I told him not to
rewind video. Was test to see your awareness to driving.*
DRIVER AWARENESS

3

TEST SHEET

NAME Ariel Castro Date 3/31/00

Use this test sheet to answer the questions presented in the "Driver AWARENESS" video by checking whether the answer is Correct or Incorrect.

SAMPLE A: CORRECT INCORRECT

SAMPLE B: CORRECT INCORRECT

- | | |
|---------------------------------------|-------------------------------------|
| 1. <u>CORRECT</u> INCORRECT | 19. <u>CORRECT</u> INCORRECT |
| 2. <u>X CORRECT</u> INCORRECT | 20. <u>CORRECT</u> INCORRECT |
| 3. <u>CORRECT</u> INCORRECT | 21. <u>CORRECT</u> INCORRECT |
| 4. <u>X CORRECT</u> INCORRECT | 22. CORRECT <u>INCORRECT</u> |
| 5. <u>CORRECT</u> INCORRECT | 23. CORRECT <u>INCORRECT</u> |
| 6. CORRECT <u>INCORRECT</u> | 24. <u>X CORRECT</u> INCORRECT |
| 7. <u>X CORRECT</u> <u>INCORRECT</u> | 25. CORRECT <u>INCORRECT</u> |
| 8. CORRECT <u>INCORRECT</u> | 26. <u>CORRECT</u> <u>INCORRECT</u> |
| 9. <u>X CORRECT</u> <u>INCORRECT</u> | 27. <u>CORRECT</u> INCORRECT |
| 10. <u>CORRECT</u> INCORRECT | 28. <u>CORRECT</u> INCORRECT |
| 11. <u>CORRECT</u> INCORRECT | 29. <u>CORRECT</u> INCORRECT |
| 12. CORRECT <u>INCORRECT</u> | 30. <u>CORRECT</u> INCORRECT |
| 13. <u>CORRECT</u> INCORRECT | 31. <u>CORRECT</u> INCORRECT |
| 14. <u>X CORRECT</u> <u>INCORRECT</u> | 32. CORRECT <u>INCORRECT</u> |
| 15. CORRECT <u>INCORRECT</u> | 33. CORRECT <u>INCORRECT</u> |
| 16. CORRECT <u>INCORRECT</u> | 34. <u>CORRECT</u> INCORRECT |
| 17. CORRECT <u>INCORRECT</u> | 35. CORRECT <u>INCORRECT</u> |
| 18. <u>X CORRECT</u> <u>INCORRECT</u> | |

Driver's Name: Ard Carter Date 3/21/00

Evaluator/Supervisor: Mary Jane Carter Depot: Ridge

**** CHECK IF PROCEDURE IS NOT DONE IN THE CORRECT MANNER ****

GOOD DRIVING HABITS

- 2 Seat Belt fastened properly
- 2 Uses lights, wipers, etc. for conditions

STARTING INTO TRAFFIC

- 2 Checks mirrors and shoulder (blind spot)
- 2 Signals before entering into traffic
- 2 Slows down in School Zones
- 4 Drives Defensively

SPEED CONTROL

- 2 Makes complete stops
- 2 Stops smoothly
- 2 Yields to pedestrians
- 3 Drives appropriately for conditions
- 3 Drives in proper lane (not left of center)

LEFT AND RIGHT HAND TURNS

- 2 Approaches turn from proper lane
- 2 Applies turn signals at proper time
- 4 Turns at proper speed
- 3 Makes turns correctly/into proper lane

LOADING AND UNLOADING STUDENTS

- 2 Activates warning lights correctly
- 4 Uses proper hand signal
- 2 Uses gear-door method b-g-d - g-d-m-b
- 4 Counts all mirrors verbally
- 4 Gives the proper directions when crossing students -please of safety
- 2 Covers horn during pick-up and drop-off
- 2 Does not move the bus until students are seated

RAILROAD CROSSINGS

- 2 Requests silence, opens window and turns on hazard lights prior to tracks
- 2 Turns off all switches prior to stopping
- 4 Stops proper distance from tracks (15 - 50 feet)
- 2 Uses the gear-door method b-g-d g-d-m-b
- 4 Counts all the mirrors verbally
- 3 Looks and listens three times in both directions
- 2 Turns off hazards and turns on all switches after crossing

BACK UP TURNAROUND

- 2 Turns hazard lights on prior to entering intersection
- 2 Stops in the proper position
- 2 Sounds horn twice before moving the bus
- 2 Uses mirrors properly
- 2 Backs into proper position

MISCELLANEOUS

- 4 Stops at caution and red lights
- 4 Keeps proper distance behind other vehicles
- 3 Uses proper steering techniques (3-9) and hand over hand
- 3 Passes other vehicles properly

PRE AND POST TRIP INSPECTION OF BUS INTERIOR

- 10 Performs walk-through of bus upon entering vehicle
- 15 Performs walk-through of bus upon exiting vehicle
(checks for sleeping or hiding students)

125 Total Points 26 Less: Points for errors _____ Total Driving Score

PLEASE NOTE: IF THE PROCEDURES ARE NOT DONE CORRECTLY, YOU MUST REPEAT THE MANUEVER UNTIL DONE CORRECTLY. POINTS SCALE IS FOR EVALUATION PURPOSES ONLY. PARTIAL CREDIT CAN BE GIVEN FOR EACH PROCEDURE. PLEASE LIST ANY COMMENTS ON THE BACK PAGE.

SCORING 1 2 3 4 5

CHECKRIDE TOTAL 121-125 115-120 109-114 100-113 1-99

DRIVER'S SIGNATURE _____ DATE ___/___/___

*would not sign it
didn't think it
was fine*

*Check side clearances - note how wide your vehicle is in relation to the size of the space you are backing into.

*Get into your vehicle after getting the complete picture and start backing immediately before the situation has a chance to change.

CHECK BOTH SIDES

Check both sides before you back.

Use your outside mirrors as often as necessary, but don't depend entirely on mirrors. Mirrors help you check clearances and help you to spot persons moving unexpectedly into your path, but mirrors are deceiving in accurately judging distance to the rear.

Stop about three-fourths (3/4) of the way through the backing maneuver and get out and look when you are unsure of the distance.

BACK FROM THE DRIVER'S SIDE

Position is crucial to safe backing. A safe position is one that permits backing from the driver's side. This reduces some of the guesswork and gives the driver better control.

Back in the direction you can see.

BACK SLOWLY

Your vehicle behaves awkwardly when driven in reverse and can easily get out of control and collide with objects on either side.

Back slowly to maintain control and to accurately judge distances.

Backing slowly will cause less damage if you do in fact hit something.

USE A RELIABLE GUIDE

Never hesitate to ask someone to help you back. Expert drivers understand and respect the hazards of backing and use all the help they can get to avoid accidents.

Select a reliable guide. Remember that you are responsible if an accident occurs.

Agree on the hand signals that you and the guide will use.

Ask a guide to watch the area into which you will be moving. He or she should stand where both you and the area to the rear of the vehicle are clearly visible. The guide should warn you if pedestrians or vehicles move into your path as you back.

The Attached Material was reviewed with
TRAINER *Mary Jane [Signature]*
Signature

DRIVER *A. [Signature]*
Signature

ON 3/31/00

DRIVING ERRORS

You can learn to recognize driving errors that lead to accidents before they happen. This appendix lists such errors under 12 categories.

1. Before startup:
 - a. Failure to properly evaluate personal, mental, and physical condition.
 - b. Failure to signal when pulling away from curb.
 - c. Failure to wait for a break in traffic before moving.
2. Speed control:
 - a. Too fast for traffic volume.
 - b. Too fast for conditions (road surface, visibility, weather).
 - c. Too fast for light conditions (e.g. dusk/darkness).
 - d. Too fast for neighborhood or roadside environment.
3. Improper lane usage:
 - a. Failure to select proper lane.
 - b. Failure to drive in center of lane.
 - c. Abrupt lane change.
 - d. Failure to signal intent to change lanes.
 - e. Weaving in and out of traffic lanes.
4. Passing errors:
 - a. Miscalculating speed and nearness of oncoming vehicles.
 - b. Failure to check side and rear before pulling out to pass.
 - c. Overtaking and passing too slowly.
 - d. Cutting in too quickly after passing.
 - e. Failure to signal intention of passing to the driver who is being passed.
 - f. Unnecessary passing.
 - g. Racing another vehicle trying to pass the bus.
 - h. Passing while in, or close to, an intersection.
5. Turning errors:
 - a. Turning from wrong lane.
 - b. Failure to allow oncoming traffic to clear before turning left.
 - c. Failure to block area to right of vehicle on right turns so no other vehicle can wedge in.
 - d. Running over curb on right turns.
 - e. Abrupt turn on slippery road surface, leading to skid.
 - f. Failure to signal intention to turn.
 - g. Passing while in, or close to, an intersection.
6. Stopping errors:
 - a. Failure to make smooth, gradual stop.
 - b. Failure to signal stop.
 - c. Failure to stop in time.
 - d. Abrupt braking on slippery road surface, leading to skid.
7. Parking errors:
 - a. Parking in unsafe or illegal place.
 - b. Parking with front or rear of vehicle protruding into traffic.
 - c. Failure to properly secure unattended vehicle on grade, permitting roll.
 - d. Failure to mark disabled vehicle properly.
8. Specific signaling errors:
 - a. Failure to signal.
 - b. Signal too late.
 - c. Wrong signal.
 - d. Failure to use horn.
 - e. Excessive or improper use of horn.
9. Errors in clearance judgment:
 - a. Following vehicle ahead too closely.
 - b. Failure to check clearance to rear when backing.
 - c. Failure to check right side when backing.
 - d. Failure to check left side for clearance.
 - e. Failure to check top clearance.
 - f. Failure to yield space in any traffic encroachment.
10. Errors in observation:
 - a. Failure to observe object or pedestrian in vehicle path.
 - b. Failure to observe traffic to the rear while moving.
 - c. Failure to observe to left and right of vehicle at locations from which vehicle or pedestrians could enter vehicle path.
 - d. Inadequate observation, leading to failure to see vehicle or pedestrian approaching.
 - e. Observation made too late.
 - f. Failure to anticipate parked vehicle pulling out.
11. Lack of personal control:
 - a. Inattention—any cause.
 - b. Distraction—any cause.
 - c. Driving while drowsy.
 - d. Reacting emotionally to driving situations.
 - e. Driving under influence of alcohol or other drugs.
 - f. Driving while ill.
12. Lack of knowledge and awareness of equipment, load, and route:
 - a. Failure to inspect equipment before, during, and after trip.
 - b. Being unfamiliar with equipment.
 - c. Being unfamiliar with route.

A COPY

RECEIVED BY A. Castro ON 3/31/00

the

(RETRAINING)

ITEMS TO COVER

1. KEEP WINDSHIELD CLEAN IN AND OUT AS OFTEN AS NECESSARY.
2. VOLT METER - UPON TURNING IGNITION KEY. VOLT READING SHOULD BE AT 12 VOLTS. ONCE THE VEHICLE IS STARTED THE VOLTS SHOULD INCREASE UP TO BUT NOT GREATER THAN 14 VOLTS.
3. HAND OVER HAND STEERING ALSO 3 AND 9 HAND POSITION.
4. MAKE TRAFFIC CHECKS FOR TURNS AND LANE CHANGES.
A) BEFORE B) DURING C) AFTER
5. SEAT BELT MUST BE USED WHILE OPERATING VEHICLE.
6. USE OF WIPERS - ALWAYS USE BOTH WIPERS - LOOSEN FROM GLASS IN WINTER BEFORE TURNING ON WIPER SWITCH.
7. UNITS SHOULD ALWAYS HAVE AT LEAST 1/2 TANK OF FUEL WHEN PARKED AT DEPOT.
8. EXPLAIN ELECTRIC BRAKE BACK-UP SYSTEM. (IMPORTANT)
IN THE EVENT THE ENGINE SHOULD STALL OR A BRAKE BOOSTER PUMP BELT SHOULD BREAK THE BRAKE PEDAL WOULD NORMALLY BECOME VERY HARD MAKING IT EXTREMELY DIFFICULT TO STOP THE VEHICLE.
IF THE ABOVE SHOULD HAPPEN THE ELECTRIC BRAKE BACK-UP SYSTEM SHOULD AUTOMATICALLY KICK IN AND ALLOW THE VEHICLE TO BE SAFELY STOPPED WITH NORMAL BRAKE PRESSURE.
THEREFORE IT IS IMPERATIVE THAT THE ELECTRIC BRAKE BACK-UP SYSTEM BE CHECKED BEFORE THE VEHICLE IS STARTED.
PRESS THE BRAKE PEDAL AND LISTEN FOR THE GROWLING SOUND.
IF YOU DO NOT HEAR ANY SOUND REQUEST ASSISTANCE FROM A SUPERVISOR OR MECHANIC BEFORE MOVING VEHICLE.
9. REVIEW PURPOSE OF "BRAKE" & "PARK BRAKE" INDICATORS.

REGULATION 3301-83-07 IF EYEGLASSES ARE USED, THEY MUST BE SECURED ABOUT THE HEAD BY A RESTRAINING DEVICE INDEPENDENT OF THE EYEGLASSES THEMSELVES. (WHILE DRIVING A SCHOOL BUS)

BY MY SIGNATURE I CERTIFY THAT THE ABOVE ITEMS WERE COVERED DURING "ON THE ROAD TRAINING".

C. Castro
EMPLOYEE

Mary Jane Antat
INSTRUCTOR

3/31/00
DATE

REVISED 11-92

RETRAINING INFORMATION

REV. 04/22/93

INFORM DRIVER NOT TO PROCEED WITH AN INSTRUCTION GIVEN BY THE INSTRUCTOR. IF DRIVER CONSIDERS IT UNSAFE TO DO SO.

BIG PICTURE - SCANNING 12 - 15 SECONDS AHEAD

OBSERVE SPEED LIMITS - NOT TOO FAR BELOW AS EXPERIENCE ALLOWS. (LOCAL POLICY 50 MPH ON FREEWAY)

READ ALL SIGNS

APPROACH INTERSECTIONS WITH CAUTION

COVER BRAKE WHEN APPROACHING STALE GREEN LIGHT.

DECELERATION APPROACHING RED LIGHTS - SMOOTH STOP IF NECESSARY.

DO NOT TURN RIGHT ON RED. (LOCAL POLICY)

NO TURNS UNLESS VEHICLE CAN CLEAR ALL ONCOMING TRAFFIC SAFELY. ALLOW EXTRA TIME FOR UNEXPECTED STOPS BEFORE COMPLETION OF A TURN.

TURNING INTO PROPER LANE. LEFT TO LEFT - RIGHT TO RIGHT

PROPER FOLLOWING DISTANCE (MIN 4 SEC) MAKE PERIODIC CHECKS.

PROPER SPACE CUSHION WHEN STOPPED BEHIND OTHER VEHICLES. WHERE YOU CAN SEE THE REAR TIRES OF VEHICLE IN FRONT OF YOU TOUCHING PAVEMENT.

CORRECT STOPPING POINTS. 1.) WIDE WHITE LINE. 2.) SIDEWALK / CROSSWALK. 3.) WHERE YOU CAN SEE BUT NOT IN THE INTERSECTION

REGULAR TRAFFIC "CHECKS" INCLUDING ALL MIRRORS.

DRIVE TO RIGHT WHENEVER POSSIBLE.

STAY TO RIGHT AT RAILROAD TRACKS AND DON'T "CRAWL" WHEN CROSSING.

RETURN HAND TO WHEEL BETWEEN PICK-UP, DROP-OFF AND RAILROAD CROSSING.

BY MY SIGNATURE I CERTIFY THAT THE ABOVE ITEMS WERE COVERED DURING "ON THE ROAD TRAINING".

ARIEL CASTRO
EMPLOYEE

Mary Jane Cantel
INSTRUCTOR

3/31/00
DATE

By Authority of the Board of Education of the
City of Cleveland, Ohio

Lincoln-West High School

has awarded this

Diploma

to

Ariel Castro

who has satisfactorily completed the requirements prescribed for graduation
from the Public High Schools of the City of Cleveland, Ohio

June 30th, 1979

Peter P. Carlin

Superintendent of Schools

H.E. Wilkins

Principal

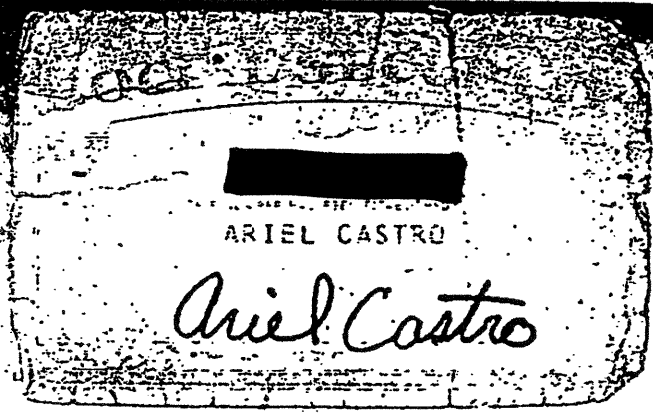
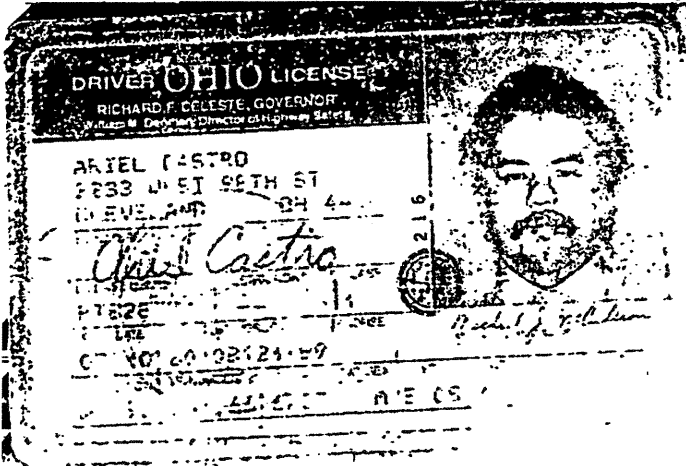


John E. Gallagher

President, Board of Education

Michael H. ...

Treasurer



4

CLEVELAND PUBLIC SCHOOLS

1380 East Sixth Street, Cleveland, Ohio 44114
Telephone 216/574-8000

To: Michael Malloy, Director
Transportation

From: Joel Gibson Assistant Manager
Ridge Red Depot

Date: 3/31/00

Ref: RETRAINING OF Ariel Castro
Employee's Name

As a result of the involvement in an accident on _____ and in accordance with the Transportation Division rules and policy, the above referred is required to be retrained in the operation of a school bus. This retraining will be in the area/s which may have caused them to have had the accident.

Retraining occurred on:

myA

<u>DATES</u>	<u>AREAS</u>
<u>3/31/00</u>	<u>Video "Drive Awareness"</u>
<u>3/31/00</u>	<u>Classroom Procedures</u>
<u>3/31/00</u>	<u>On the Road</u>

I acknowledge having been retrained on the above date/s and in the specific areas indicated.

3/31/00 A. Castro
Date Employee's Signature

Date Depot Manager's Signature

CLEVELAND PUBLIC SCHOOLS

1380 East Sixth Street, Cleveland, Ohio 44114
Telephone (216) 574-8275

LAWRENCE A. LUMPKIN

President

MARIE L. KITTREDGE

Vice President

TONY CUDA

SHIRLEY HAWK

ADRIAN MALDONADO

STEPHEN D. SULLIVAN

CYNTHIA E. TRIPLETT

SAMMIE CAMPBELL PARRISH, Ed.D.

Superintendent

March 7, 1995

CASTRO, ARIEL
2207 SEYMOUR
CLEVELAND OH 44113

RE: RESIDENCY REQUIREMENT COMPLIANCE AUDIT

As an employee hired after August 13, 1986, you must comply with Board Resolution 114-86 "Establishing Residency Requirements".


For all transportation employees, in order to confirm your compliance with the Residency Requirement, you are requested to present original and current documents from the attached list, one of each item listed, to a representative from the Classified Personnel Division according to the schedule below.

Classified Personnel representatives are scheduled to be at your Depot on the following dates and times:

<u>Depot</u>	<u>Dates</u>	<u>Time</u>
Lake Center Depot (East 79th St.)	Monday, March 13, 1995	6:00 a.m.-
	Tuesday, March 14, 1995	2:00 p.m.
East 49th Depot (Cuyahoga Hts.)	Monday, March 13, 1995	6:00 a.m.-
	Tuesday, March 14, 1995	2:00 p.m.
Ridge Road Depot	Wednesday, March 15, 1995	8:00 a.m.-
	Thursday, March 16, 1995	5:00 p.m.

This request to show proof of residency is not voluntary, it is a REQUIREMENT! Failure to present the requested documentation will result in an employee hearing for failure to comply with the residency requirement. Again, Classified Personnel representatives will be on hand to review your documentation on the above dates and times.

Sincerely,



Alvin Evans, Director
Classified Personnel Division

AE/mm

CLEVELAND PUBLIC SCHOOLS

1380 East Sixth Street, Cleveland, Ohio 44114
Telephone 216/574-8000

LAWRENCE A. LUMPKIN
President

JAMES LUMSDEN, JR.
Vice President

JAMES M. CARNEY, JR.

GARY J. KUCINICH, SR.

LEON LAWRENCE

SUSAN M. LEONARD

STANLEY E. TOLLIVER, SR.

JAMES W. PENNING
Interim Superintendent

June 4, 1992

Cleveland Civil Service Commission
City Hall - Room 119
601 Lakeside Avenue
Cleveland, Ohio 44114

SUBJECT: Changes of Names and Addresses

Please note the following changes of the names and addresses of employees as follows:

New Name and Address/Telephone No.

Janet R. Smith
9004 Willard Avenue
Cleveland, Ohio 44102

Leroy Gibson
P.O. Box 91021
Cleveland, Ohio 44101-3021

Amelia Mitchell
11000 Mount Overlook
Cleveland, Ohio 44104

Larry Spencer
3375 East 142 Street
Cleveland, Ohio 44120
Phone Number (216) 561-1029

Joseph Humphrey
12413 Emery
Cleveland, Ohio 44135

James Bussell
9336 N. Elyria Road
West Salem, Ohio 44287

Kathleen Sammon
12963 Atlantic Road
Strongsville, Ohio 44136

Joseph Madden
5907 Westbrook Drive
Cleveland, Ohio 44142
Phone Number (216) 676-5796

Ariel Castro
2207 Seymour
Cleveland, Ohio 44113
Phone Number (216) 459-1472

Velma Rhone
2777 Hampshire, Apt. #102
Cleveland Hts, Ohio 44106
Phone Number (216) 371-1460

ALVIN EVANS, DIRECTOR
CLASSIFIED PERSONNEL DIVISION

CLEVELAND PUBLIC SCHOOLS

1380 East Sixth Street, Cleveland, Ohio 44114-1667
Telephone 216/574-8000

STANLEY E. TOLLIVER, SR.

President

JAMES M. CARNEY, JR.

Vice President

GERALD C. HENLEY

GARY J. KUCINICH

MILDRED R. MADISON

RALPH J. PERK, JR.

MARTHA L. SMITH

FRANK J. HUML

Superintendent

TRAINING AGREEMENT (ADDENDUM)

I understand that upon completion of the State Certification Training I should schedule an appointment for my written CDL test.

Once I have completed the CDL written test I am to notify the Training Office, Ken Halek at 634-7002 and await further instructions.

I will be given until 04-08-91 to complete the CDL written test. Failure to complete the CDL written test by the above date will be grounds for release from the Cleveland Board of Education Bus Driver Training Program.

3-6-91

DATE

Ariel Castro

SIGNATURE

CLEVELAND PUBLIC SCHOOLS

1380 East Sixth Street, Cleveland, Ohio 44114-1667
Telephone 216/574-8000

STANLEY E. TOLLIVER, SR.

President

JAMES M. CARNEY, JR.

Vice President

GERALD C. HENLEY

GARY J. KUCINICH

MILDRED R. MADISON

RALPH J. PERK, JR.

MARTHA L. SMITH

FRANK J. HUML

Superintendent

TO: Ariel Castro
 TRAINEE

DATE: 03-04-91

A FIFTY DOLLAR (\$50.00) MONEY ORDER IS REQUIRED TO
PAY FOR YOU C.D.L. ROADTEST. THIS FEE MUST BE PREPAID
BEFORE THE TEST CAN BE SCHEDULED. THE DEADLINE FOR YOUR
FEE IS April 19, 1991. MONEY ORDER MUST BE MADE
 DATE
PAYABLE TO "MEDINA COUNTY SCHOOL DISTRICT"

KEN HALEK

TRAINING OFFICE

I ACKNOWLEDGE RECEIPT OF THIS NOTICE.

3-6-91
DATE

Ariel Castro
NAME

CLEVELAND PUBLIC SCHOOLS

1380 East Sixth Street, Cleveland, Ohio 44114-1667
Telephone 216/574-8000

STANLEY E. TOLLIVER, SR.

President

JAMES M. CARNEY, JR.

Vice President

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GARY J. KUCINICH

MILDRED R. MADISON

RALPH J. PERK, JR.

MARTHA L. SMITH

FRANK J. HUML

Superintendent

February 27, 1991

Ariel Castro
2233 West 98 Street
Cleveland, OH 44102

Dear New Temporary School Bus Driver Trainee:

This is your notification to report for training to the address listed below:

HARRY JAMES, DIRECTOR, TRANSPORTATION OPERATIONS

Monday, March 4, 1991
8:30 A.M.

Ridge Road Depot
3832 Ridge Road
Cleveland, OH 44144
(216) 634-7021

Best Wishes,

Alvin Evans, Director
Classified Personnel

AE:pb

xc: Harry James

PWB2:068

CLEVELAND PUBLIC SCHOOLS

1380 East Sixth Street, Cleveland, Ohio 44114-1667
Telephone 216/574-8000

STANLEY E. TOLLIVER, SR.

President

JAMES M. CARNEY, JR.

Vice President

GERALD C. HENLEY

GARY J. KUCINICH

MILDRED R. MADISON

RALPH J. PERK, JR.

MARTHA L. SMITH

FRANK J. HUML

Superintendent

February 15, 1991

Dear Prospective New Temporary School Bus Driver Trainee:

This is your notification to report for your physical examination at Lutheran Medical Center at the date and time indicated below.

Lutheran Medical Center
Medical Arts Building, Room 2000
Phone: 363-2109

Name: Ariel Castro
Date: Tuesday, February 19, 1991
Time: 4:00

If you have any questions please call (216) 634-7021.

Best Wishes,

Alvin Evans, Director
Classified Personnel

AE:pb

Enclosure

xc: Harry James

PWB2:051

CLEVELAND PUBLIC SCHOOLS

1380 East Sixth Street, Cleveland, Ohio 44114-1667
Telephone 216/574-8000

STANLEY E. TOLLIVER, SR.

President

JAMES M. CARNEY, JR.

Vice President

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GARY J. KUCINICH

MILDRED R. MADISON

RALPH J. PERK, JR.

MARTHA L. SMITH

FRANK J. HUML

Superintendent

TO: Harry James
Director
Transportation

FROM: Alvin Evans, Director
Classified Personnel

DATE: February 15, 1991

SUBJECT: Ariel Castro

The above-referenced employee has been assigned or transferred to your school or department.

If this employee does not report by the effective date, please immediately contact the employee to ascertain the reason(s) for the employee not reporting. If you are unable to get in touch with the new hire or employee you are to complete the attached form memorandum, and forward it to the Director of Classified Personnel Division.

If the employee is a new hire and declines the position a letter of declination must be sent to the Director of Classified Personnel.

AE:pb

CLEVELAND PUBLIC SCHOOLS

ALLEN D. KELLY
Superintendent
P. O. BOX 1000
Cleveland, OH 44101

Dear Employee:

This letter is to inform you of your rights to continued health care benefits under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).

This law requires your employer to modify their current guidelines for offering group health plans to enable certain employees, spouses and their dependents to continue receiving health care coverage after the coverage would otherwise cease.

In general, the new law gives you and your beneficiaries the opportunity to receive the same options for health care benefits that you currently have at the group rate should your status with the company change or if there is a change in your relationships with your family. This law applies only to health care coverage. Also, COBRA makes Medicare secondary to employer-sponsored health plans for all employees and their spouses regardless of age.

You can become eligible for continued health care benefits by purchasing them at our group rate if you or your beneficiaries fall into one of the following categories. The duration of coverage depends on the condition of eligibility.

CONDITION OF ELIGIBILITY

DURATION OF COVERAGE OFFERED

Widowed spouse and dependent children. (up to age 25)	36 months
Employees, their spouses and dependent children who have been terminated (voluntary or involuntary except for reason of gross misconduct.)	18 months
Employees, their spouses and dependent children, if their hours have been reduced resulting in lost coverage.	18 months
Divorced or legally separated spouse and their dependent children.	36 months
Medicare ineligible spouses.	36 months
Dependent children who no longer meet the plan's definition of eligibility.	36 months

(over)

You may be responsible for paying both the employer and the employee contributions to receive this continued coverage, plus 2 percent to cover administrative costs.

Your eligibility for coverage may end earlier if:

1. You receive health insurance through another employer or Medicare.
2. The premium for continuation of coverage is not paid on time.
3. The company no longer sponsors group health coverage for any of its employees.

If you are terminated, your hours are reduced to part time, or you become a widowed spouse of an employee, you will be notified that you are eligible for continued coverage under COBRA. Should a person become eligible for any other reason (see "Condition of Eligibility", page 1), it is his or her responsibility to notify us of the qualifying event.

All employees who are represented by a union will have COBRA benefits extended to them as of September 1, 1987. All employees who are not represented by a union will have COBRA benefits extended to them as of January 1, 1987. If you have any questions, please contact the Payroll Department.

Sincerely,



Paul Yacobian
Treasurer
Cleveland Public Schools

PY/sb

STATE BOARD OF EDUCATION
TRANSPORTATION DEPARTMENT
DRIVING REVIEW

5

Riel Castro
DRIVER

3/31/00
DATE

DEFENSIVE DRIVING

Anticipate

USE OF MIRRORS

went over mirror count

SPEED CONTROL

Anticipate - to make smooth stops

URNS

Remember to check rear on turns

STUDENT PICK-UPS & DROP OFF

went over mi brake gear-door method

remember to count mirrors

went over correct language

RAILROAD PROCEEDURE

forget head light - 1st time then 2nd time forgot to

turn off
brake gear-door gear-door mirrors brake

BACKING

turn around procedures were OK

OTHER COMMENTS

was working hard to keep hands at 7/3 & etc, hand over hand
forgot to walk - through bus at end.

THE ABOVE ITEMS HAVE BEEN DISCUSSED AND REVIEWED

ON 3/31/00

Mary Jane Antel
INSTRUCTOR

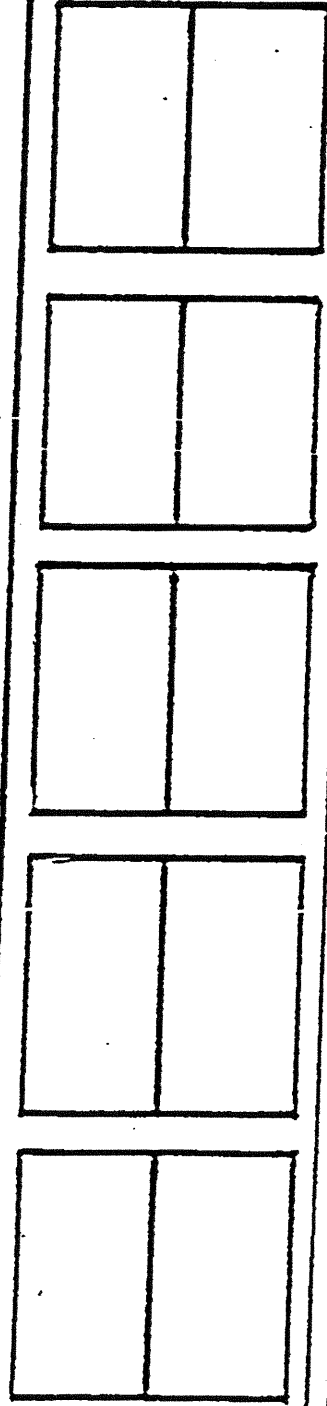
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7

CRITICAL ITEM SAFETY

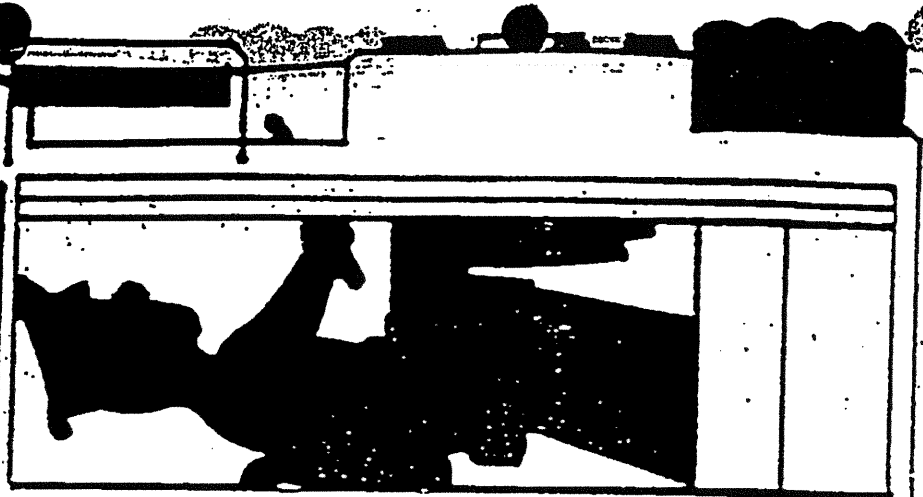
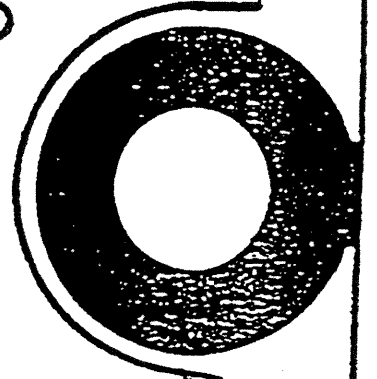
for School Bus Drivers

RETRAINING PACKAGE



SCHOOL BUS

ARIE/CASSO



AAA Foundation For Traffic Safety
1111 Conchoway Road
Falls Church, Virginia 22047

AAA Foundation For Traffic Safety
1111 Conchoway Road
Falls Church, Virginia 22047

Railroad Track Procedures

- A. Actuate strobe if applicable (O.A.C. 3301-83-12-A3).
- B. Ask for silence approximately 300 feet prior to tracks (O.A.C.3301-83-12-B5).
- C. Check traffic in mirrors. Begin left to right countdown procedure (string and tape).
 - 1. Radio off.
 - 2. Open window.
 - 3. Noise off (heaters, defrosters, etc.).
 - 4. Hazards on (O.A.C. 3301-83-12B-1C) at least 100 feet.
 - 5. Stop between 15-50 feet from tracks (O.R.C. 4511.62) in the far right lane whenever possible.
 - 6. Set the parking brake.
 - 7. Shift to neutral (O.A.C. 3301-83-12B-1D).
 - 8. Open service door(G.D.).
- D. Look and listen twice each way.
- E. Put bus in gear that will take the bus across the track without shifting on tracks.
- F. Close service door while counting the mirrors.
- G. Release the parking brake and proceed.
- H. after crossing the tracks, begin countdown procedures again.
 - 1. Radio on.
 - 2. Close window.
 - 3. Noise on (heaters, defrosters, etc.).
 - 4. Hazards off.
 - 5. Shift when clear (O.R.C. 4511.63).
 - 6. Cancel strobe if applicable.

Ohio Pre-Service Instructors-Revised August 1998-Received September 10, 1998 at meeting.

Pick-Up Procedure for Crossing Students

- A. Check traffic while approaching designated PICK-UP POINT and count students waiting.
- B. Actuate amber warning lights at approximately 300 feet IN ADVANCE. Note: A white flashing strobe light also may be used if conditions warrant (3301-83-12-A3).
- C. Keep both hands firmly on the steering wheel until the bus has come to a complete stop ten feet (10') or more back from the student(s). "Pupils must wait in a location clear of traffic and away from the bus stop" (3301-83-08-C1).
- D. After the bus comes to a complete stop, SET HYDRAULIC BRAKE, raise hand palm up and out toward the windshield

- and aimed at the student(s).
- E. Drivers **MUST** maintain pressure on the service brake to engage brake lights.
 - F. Place the gear shift lever into neutral.
 - G. Open the service door to actuate the red warning lights.
 - H. Place right hand over horn to warn student(s) of any potential danger.
 - I. Check mirrors and roadway for safe crossing and count the number of students waiting to board the bus.
 - J. When safe to cross, make eye contact with student(s) and give the crossing signal by slowly dropping your hand straight down.
 1. Student(s) should check for traffic on their own before crossing the roadway.
 2. Student(s) should walk straight across the roadway and out of the danger zone.
 - K. Greet and count the students as they board the bus.
 - L. While students are being seated check for any late arrivals.
 - M. Check overhead mirror to make sure all passengers are seated **BEFORE** shifting into appropriate gear.
 - N. Place gear shift lever into appropriate gear.
 - O. Check mirrors by counting them out loud in proper sequence (Ohio Pre-Service School Bus Driver Training Manual Appendix E). Make sure to double check and count the crossover mirrors again **before** closing the door. Look for any students in front of the bus, the most DANGEROUS AREA!
 - P. Close the door to cancel the red warning lights.
 - Q. Release parking brake, check traffic and safely proceed.
 - R. If in use, cancel the strobe lights when the bus resumes motion.

Ohio Pre-Service Instructors--Revised August 1998--Received September 10, 1998 at meeting.

Drop-Off Procedure for Crossing Students

- A. Check traffic while approaching designated stop.
- B. Actuate amber warning lights at approximately 300 feet IN ADVANCE. Note: A white flashing strobe light also may be used if conditions warrant (3301-83-12-A3).
- C. Keep both hands firmly on the steering wheel until the bus has come to a complete stop ten feet (10') or more back from the designated drop-off point.
- D. After the bus comes to a complete stop, SET HYDRAULIC BRAKE. Drivers **MUST** maintain pressure on the service brake to engage brake lights.
- E. Place the gear shift lever into neutral.
- F. Open the service door far enough to actuate red warning

lights and flashing stop sign or open door all the way and put your right arm across the aisle to keep the students from exiting without their crossing instructions.

- G. Explain four step crossing instructions to students as follows:
1. "When you exit the bus, walk 10 feet or steps in front of the bus, along the side of the road, where I can see you and you can see my hand in the front window."
 2. "When I drop my hand, I want you to walk to the middle of the road, traffic edge of the bus and stop."
 3. "You are to check traffic in both directions ON YOUR OWN! When you see that it is clear, cross to your place of safety" (residential side). STUDENTS MUST GO TO DRIVERS DESIGNATED PLACE OF SAFETY (O.R.C. 4511.75).
 4. "If I blow my horn, that means DANGER! Check traffic again. If you see no danger, look back to me for further instructions."
- H. Open service door all the way (if not already done) to discharge students. When discharging students, hold right side students on bus, until you have finished crossing left side students first.
- I. Raise hand palm up and out toward the windshield and aimed at the student(s). Place opposite hand over the horn to warn student(s) of any potential danger.
- J. Check mirrors and roadway for safe crossing and count the number of students waiting to cross the roadway.
- K. When safe to cross, make eye contact with the student(s) and give the crossing signal by slowly dropping the palm of your hand straight down.
- L. Wait until student(s) reach their designated "PLACE OF SAFETY" (4511.75). Drivers being tested must tell instructor the number of students that have reached their designated "place of safety". Discharge right side students to "place of safety" and count students again.
- M. Place gear shift lever into appropriate gear.
- N. Check mirrors by counting them out loud in proper sequence (Ohio Pre-Service School Bus Driver Training Manual Appendix E). Make sure to double check and count the crossover mirrors again before closing the door. Look for any students in front of the bus, the most DANGEROUS AREA!
- O. Close the door to cancel the red warning lights.
- P. Release parking brake, check traffic and safely proceed.
- Q. If in use, cancel the strobe lights when the bus resumes motion.

Ohio Pre-Service Instructors-Revised August 1998-Received September 10, 1998 at meeting.

Pick-Up Procedure-Right Side of Roadway

- A. Check traffic while approaching designated PICK-UP POINT and count students waiting.
- B. Actuate amber warning lights at approximately 300 feet IN ADVANCE. Note: A white flashing strobe light also may be used if conditions warrant (3301-83-12-A3).
- C. Keep both hands firmly on the steering wheel until the bus has come to a complete stop at driveway or ten feet (10') back from drive if students are in the danger zone. "Pupils must wait in a location clear of traffic and away from the bus stop" (3301-83-08-C1).
- D. Set the parking brake when picking up a large group (6 or more) of students or when bus is on a steep grade. Drivers MUST maintain pressure on the service brake to engage brake lights.
- E. Place the gear shift lever into neutral.
- F. Open the service door to actuate the red warning lights.
- G. Greet and count the students as they board the bus.
- H. While students are being seated check for any late arrivals.
- I. Check overhead mirror to make sure all passengers are seated BEFORE shifting into appropriate gear.
- J. Place gear shift lever into appropriate gear.
- K. Check mirrors by counting them out loud in proper sequence (Ohio Pre-Service School Bus Driver Training Manual Appendix E). Make sure to double check and count the crossover mirrors again before closing the door. Look for any students in front of the bus, the most DANGEROUS AREA!
- L. Close the door to cancel the red warning lights.
- M. Release parking brake, check traffic and safely proceed.
- N. If in use, cancel the strobe lights when the bus resumes motion.

Ohio Pre-Service Instructors-Revised August 1998-Received September 10, 1998 at meeting.

Drop-Off Procedure on Right Side of Roadway

- A. Check traffic while approaching designated stop.
- B. Actuate amber warning lights at approximately 300 feet IN ADVANCE. Note: A white flashing strobe light also may be used if conditions warrant (3301-83-12-A3).
- C. Keep both hands firmly on the steering wheel until the bus has come to a complete stop at the designated drop-off point.
- D. Set the parking brake when picking up a large group (6 or more) of students or when bus is on a steep grade. Drivers MUST maintain pressure on the service brake to:

- engage brake lights.
- E. Place the gear shift lever into neutral.
 - F. Open the service door to actuate the red warning lights.
 - G. Discharge student(s). Instructions may be given to student, e.g., "Walk to your designated place of safety away from the bus and out of the Danger Zone!"
 - H. Wait until student(s) reach their designated "PLACE OF SAFETY" (4511.75). Drivers being tested must tell the instructor the number of student(s) who have reached their designated "place of safety".
 - I. Place the gear shift lever into neutral.
 - J. Check mirrors by counting them out loud in proper sequence (Ohio Pre-Service School Bus Driver Training Manual Appendix E). Make sure to double check and count the crossover mirrors again before closing the door. Look for any students in front of the bus, the most DANGEROUS AREA!
 - K. Close the door to cancel the red warning lights.
 - L. Release parking brake if set, check traffic and safely proceed.
 - M. If in use, cancel the strobe lights when the bus resumes motion.

Ohio Pre-service Instructors-Revised August 1998-Received
September 10, 1998 at meeting.

BACK UP SAFELY

In most bus fleets about one of every four accidents is a backing accident.

These add up to a lot of damaged vehicles, damaged property and occasionally a serious injury or a fatality. Backing accidents are preventable.

Because of the hazards of backing, expert drivers avoid backing whenever possible and plan their routes in advance to avoid the necessity for backing. They never back around corners and will drive around the block if necessary to avoid such danger.

They won't back out of driveways or alleys when they can avoid it. Instead they drive in and turn around so they can come out head first.

When this isn't possible, they back in so they can drive out forward. They know it is safer to back out of traffic into a quiet area then to back into the traffic stream.

Expert drivers also are alert to the problems of backing when they park. They find backing out of traffic preferable to backing into traffic when parking.

Expert bus drivers never back a bus with passengers aboard and use a guide whenever possible. (Most bus collisions occur on city streets and in yards where buses are stored.)

When backing is unavoidable, expert drivers follow these basic rules:

GET THE PICTURE

*Get the complete picture before you back.

*Get the big picture from the outside and not through a side or rearview mirror. Don't just glance through a window-get out of the vehicle and walk around your vehicle to see the area into which you must back.

*Don't just look-apply real, calculated attention to the situation.

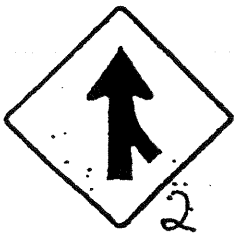
*Check the ground you are to back over. Note any unusual depressions, fixed objects and the presence of any pedestrian traffic. Buses in particular need to watch out for cars, bicycles and pedestrians.

*Check overhead clearances. Note any unusual overhead obstructions such as utility wires, fire escapes, signs or canopies.

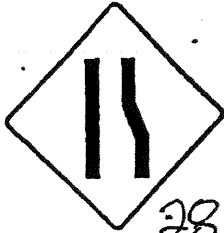
NAME Ariel Castro

DATE 3/31/00 BY _____

Mary Jane Antel



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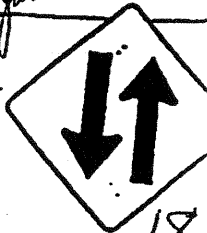
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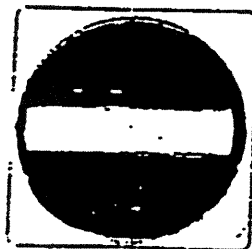
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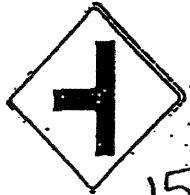
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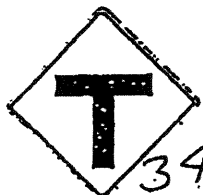
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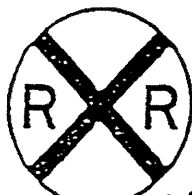
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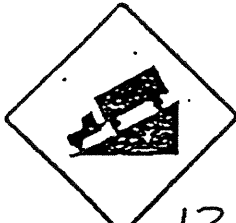
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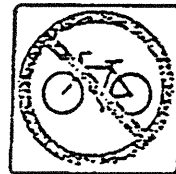
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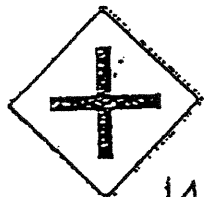
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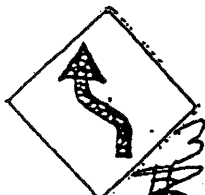
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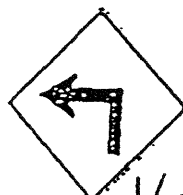
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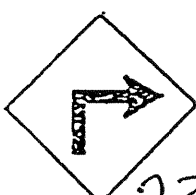
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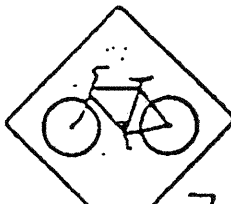
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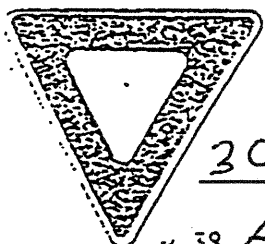
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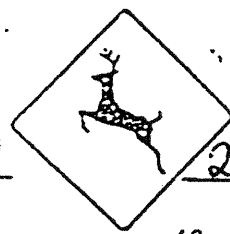
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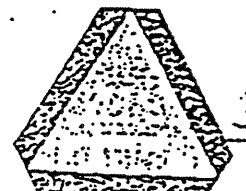
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3

B

A

A

A

... SIGN TEST.

- 1 - NO PASSING ZONE
- 2 - TRAFFIC MERGING FROM RIGHT
- 3 - SLOW MOVING VEHICLE
- 4 - SHARP TURN TO RIGHT, THEN TO THE LEFT
- 5 - U-TURNS ARE NOT PERMITTED
- 6 - DO NOT ENTER
- 7 - BICYCLE CROSSING
- 8 - NO RIGHT TURN PERMITTED
- 9 - PEDESTRIAN CROSSWALK
- 10 - HANDICAPPED CROSSWALK
- 11 - APPROACHING CURVE TO THE RIGHT, THEN TO THE LEFT
- 12 - RAILROAD CROSSING
- 13 - APPROACHING A DOWNGRADE
- 14 - CROSSROAD AHEAD
- 15 - ANOTHER ROAD ENTERS FROM THE LEFT
- 16 - SHARP TURN TO THE LEFT AHEAD
- 17 - CLEARANCE IS LIMITED (OVERHEAD)
- 18 - TRAFFIC IS MOVING IN BOTH DIRECTIONS
- 19 - ROAD BRANCHES TO RIGHT AND LEFT AHEAD
- 20 - THE ROAD AHEAD IS SLIPPERY WHEN WET
- 21 - APPROACHING A SERIES OF CURVES
- 22 - NO LEFT TURN PERMITTED
- 23 - SHARP TURN TO THE RIGHT AHEAD
- 24 - BICYCLES ARE NOT PERMITTED
- 25 - DEER CROSSING
- 26 - DIVIDED HIGHWAY ENDS. TWO LANE HIGHWAY BEGINS
- 27 - APPROACHING A DIVIDED HIGHWAY
- 28 - FORM ONE LANE, MERGE LEFT
- 29 - SHARP TURN TO THE LEFT, THEN TO THE RIGHT
- 30 - YIELD
- 31 - ONE WAY
- 32 - APPROACHING A CURVE TO THE LEFT, THEN TO THE RIGHT
- 33 - SCHOOL
- 34 - APPROACHING AN INTERSECTION. TURN RIGHT OR LEFT
- 35 - ROAD ENTERS FROM THE RIGHT
- 36 - SCHOOL CROSSING

- 37 - WARNING SIGNS ARE TRADITIONALLY WHAT COLOR?
(A) RED (B) YELLOW (C) WHITE

- 38 - GUIDE SIGNS ARE WHAT COLOR?
(A) WHITE ON BLUE (B) WHITE ON GREEN (C) WHITE ON RED

- 39 - WARNING SIGNS ARE WHAT SHAPE?
(A) TRIANGLE (B) SQUARE (C) DIAMOND

- 40 - WHAT SHAPE ARE HAZARDOUS MATERIAL PLACARDS?
(A) DIAMOND (B) RECTANGLE (C) ROUND

NOTICE OF BID TIME CHANGE

DEPOT 154 EMPLOYEE NAME ARIEL CASTRO SS# _____
VEHICLE 150 EFFECTIVE DATE 8-26-98 SS# _____

11-25-98
POT

The checked-off times for this vehicle are being changed to the new time written on the lines at the right.

<u>6:12</u>	Morning punch-in	<u>6:12</u>
<u>7:58</u>	Morning punch-out	<u>8:12</u>
<u>2:00</u>	Afternoon punch-in	<u>2:00</u>
<u>5:00</u>	Afternoon punch-out	<u>5:00</u>

The new total bid time for this vehicle will be 5 hours and _____ minutes.

Signed: [Signature]
ASSISTANT DEPOT MANAGER

Signed: _____
DEPOT MANAGER

DATE

Signed: _____
DIRECTOR OF OPERATIONS

DATE

Signed: _____
MANAGER OF PLANNING & SCHEDULING

DATE

Submit to: Planning & Scheduling
Ridge Road Operations

(BELOW THIS LINE FOR PLANNING & SCHEDULING USE ONLY)

RECEIVED _____

CHANGE MADE _____

EFFECTIVE DATE _____ (reflected on reports)