

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1247578

Vendor Name: Secretary of State

Invoice Number: 072721

Invoice Date: 08/02/21

PO Number:

Check Number: 0283895

Check Amount: \$ 70.00

Check Date: 08/17/2021

Department ID: 67001

Reviewer Name:

Voucher Number: V0693458

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

# AP VERIFIED

## 08/05/21 - ISABEL BARRIOS

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Non-Purchase Order Procedure No. 10-65

Date: 8/2/2021  
Vendor ID: 1247578

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
072721	05	63	67001	5401002	Instructional Supplies	\$ 70.00
Grand Total						\$ 70.00

**Check the appropriate box below and sign**

- ☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: Secretary of State, Commercial Driver  
Training School Section

Other Instructions: ATTACH TRUCK DRIVER APPLICATION

Payee Address: 650 Roppolo Dr., Elk Grove, IL 60007

**Description on Check:**

E. Smith Truck Driver Application

**Approvals:**

Prepared By: Yvonne Bedford

Approved By: Daniel Deasy

Date: 8/4/21

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Payment Due: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Board Approved Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved By Division VP: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), [acctpay@cod.edu](mailto:acctpay@cod.edu)**

# APPLICATION FOR DRIVER TRAINING INSTRUCTOR

JESSE WHITE • SECRETARY OF STATE

Original app. ☐  
Renewal app. ☒

Please type or print

Applicant

Home Address

Current Address

SSN

Name of

## EDUCATION AND MILITARY SERVICE

EDUCATION (Circle highest grade completed).

Grade School

1 2 3 4 5 6 7 8

High School

1 2 3 4

College

1 2 3 4

Name of High School DuPage

Name of College or University McCormick

Have you successfully completed a course in Driver Education at an accredited college or university?

☒ Yes ☐ No

If yes, name of college or university

College of DuPage Truck Driving School

Hours

240

Date completed

5/22/13

Instructor's name

Chris Bell

Are you a veteran?

☐ Yes ☒ No

If yes, dates of service

From: To:

Branch of service

Type of discharge

## EMPLOYMENT HISTORY

List employment experience for the last five years with the most recent first.

Name of Firm <u>College of DuPage</u>	Address <u>425 Lowell Blvd Glen Ellyn, IL 60139</u>	Type of Work <u>Instructor</u>
Dates Employed From: <u>Sep 2019</u> To: <u>Present</u>	Reason for Leaving <u>Still Here</u>	
Name of Firm <u>Night Ministry</u>	Address <u>4711 N. Ravenswood Ave</u>	Type of Work <u>Non-Profit</u>
Dates Employed From: <u>2019</u> To: <u>Sep 2019</u>	Reason for Leaving <u>Started new job</u>	

## QUESTIONS

You must answer each of the following questions with a "yes" or "no."  
All questions answered "yes" must be explained at the bottom of the application.

- |                                                                                                                                    |                                                                     |                                                                                                                   |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1. Have you ever been known by any other name?                                                                                     | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | 11. Are you now involved with any charges or court proceedings related to questions 2, 3, 4, 5, 6, 7, 8, 9 or 10? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 2. Have you ever been convicted of a felony?                                                                                       | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 12. Has your driver's license ever been refused, canceled, suspended or revoked in Illinois or any other state?   | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 3. Have you ever been convicted of reckless homicide?                                                                              | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 13. Are there any unsatisfied motor vehicle accident judgments against you?                                       | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 4. Have you ever been convicted of driving under the influence of alcohol?                                                         | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 14. Have you ever given driver instruction in Illinois for compensation within the past 12 months?                | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |
| 5. Have you ever been convicted of driving under the influence of illegal drugs?                                                   | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 15. Has your driver training school instructor's license ever been denied, canceled, suspended or revoked?        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 6. Have you ever been convicted of driving under the influence of prescription drugs?                                              | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 16. Are you currently an administrator and/or teacher of a state approved high school driver education program?   | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |
| 7. Have you ever been convicted of leaving the scene of a traffic accident involving death or injury?                              | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 17. Are you currently employed, or have you ever been employed by the Illinois Secretary of State?                | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 8. Have you ever been convicted of perjury or making of any false statements relating to any portion of the Illinois Vehicle Code? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 18. Are you currently licensed as a third-party certification program safety officer by the Secretary of State?   | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 9. Have you ever been convicted of any traffic violation other than parking violations?                                            | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |                                                                                                                   |                                                                     |
| 10. Have you ever been convicted of any misdemeanor other than traffic violations?                                                 | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |                                                                                                                   |                                                                     |

\* Applicants are not obligated to disclose sealed or expunged records of a conviction or arrest.

## EXPLANATION OF PREVIOUS QUESTIONS ANSWERED "YES"

1. Schluter

9. Improper lane change

#14 @ COD Truck Driving School

## TO BE COMPLETED BY TEEN INSTRUCTOR APPLICANTS ONLY

SPECIFIC INSTRUCTION PHASES TO BE TAUGHT (i.e., Classroom Phase or Car/Lab Phase): Instructors may be approved for either one or both phases of instruction. Check below which Phase(s) will be taught. Check also for which category this approval is sought. All experience and education must be fully documented (i.e., transcripts, copies of teaching certificates, licenses and/or letters verifying the precise nature of the education and/or experience), and submitted with this form.

<input type="checkbox"/> <b>Application for Classroom Phase Instructor approval.</b> Check one category for which approval is sought.	<input type="checkbox"/> <b>Application for Car/Lab Phase Instructor approval.</b> Check one category for which approval is sought.
<input type="checkbox"/> 1. State Teacher Certification with a minor (16 semester hours) in the field of safety and driver education as follows: <ul style="list-style-type: none"> <li>a) Five-semester hours in driver education</li> <li>b) Three-semester hours in general safety</li> <li>c) Eight-semester hours in subjects chosen from two or more of the following related areas:               <ul style="list-style-type: none"> <li>1. Additional safety course.</li> <li>2. Advanced psychology and sociology.</li> <li>3. Health education.</li> <li>4. Instructional materials.</li> </ul> </li> </ul>	<input type="checkbox"/> 1. State Teacher Certification with a minor (16 semester hours) in the field of safety and driver education as follows: <ul style="list-style-type: none"> <li>a) Five-semester hours in driver education.</li> <li>b) Three-semester hours in general safety.</li> <li>c) Eight-semester hours in subjects chosen from two or more of the following related areas:               <ul style="list-style-type: none"> <li>1. Additional safety course.</li> <li>2. Advanced psychology and sociology.</li> <li>3. Health education.</li> <li>4. Instructional materials.</li> </ul> </li> </ul>
<input type="checkbox"/> 2. Bachelor's degree with one year of teaching experience, plus successful completion of a 48-hour course (three-semester hours) in the Illinois Driver Education Curriculum.	<input type="checkbox"/> 2. Bachelor's degree with six months of experience teaching behind-the-wheel and adults.
<input type="checkbox"/> 3. Licensed by the Secretary of State, completed a 48-hour course or an equivalent college or university course approved by the Illinois Secretary of State, and two months experience teaching behind-the-wheel and adults.	<input type="checkbox"/> 3. Seven years uninterrupted teaching experience in a commercial driver training school.
<input type="checkbox"/> 4. State Teacher Certification and completed 48-hour instructor course.	<input type="checkbox"/> 4. Licensed by the Secretary of State, completed a 48-hour course or an equivalent college or university course approved by the Illinois Secretary of State, and two months experience teaching behind-the-wheel and adults.
	<input type="checkbox"/> 3. State Teacher Certification and completed 48-hour instructor course.

**As an authorized official of the aforementioned commercial driving school, I authorize the individual named herein to apply for an instructor license for the aforementioned school.**

Signature of School Official: \_\_\_\_\_

*Robert McG...*

The applicant undertakes and agrees that:

- (1) If he/she terminates employment with the driver training school listed herein, he/she will surrender his/her license to instructor for said driver training school immediately.
- (2) If he/she becomes employed by another driving school, he/she will make application for a new instructor's license for said driver training school.

**I hereby affirm my understanding that it is a violation of the Illinois Vehicle Code for an individual to make false application or affidavit, to swear or affirm falsely, or to display or present any document that is fictitious or has been unlawfully altered for the purpose of making application for a commercial driving school instructor license. I further affirm that all the information set forth in the foregoing application is true and correct.**

Signature of Applicant: \_\_\_\_\_

*Chris Smith*

**Mail completed application to: Office of the Secretary of State, Commercial Driver Training School Section, 650 Roppolo Dr., Elk Grove Village, IL 60007. A \$70 fee must accompany this application.**

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From: Bedford, Yvonne <bedford@cod.edu>  
Sent: Wed Aug 04 12:47:57 CDT 2021  
To: invoicing@cod.edu  
CC: mclaughl@cod.edu  
Subject: Secretary of State Check Request  
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Hello

Please see attached IL Secretary of State Check Request (\$70) and application for E. Smith.

Make sure to enclose the application with the check.

Regards,

**Yvonne Bedford**

Yvonne Bedford  
College of DuPage  
Continuing Education  
(630) 942-4194

[attachment: Secretary of State \$70 E. Smith.pdf]

[attachment: Secretary of State - Check Request E. Smith \$70.pdf]