

# YELLOWBIRD BUS COMPANY, INC

7700 State Road

Philadelphia, PA 19136

215-289-1022 Fax 215-289-2118



Thank you for inquiring about becoming a School Bus Driver for  
YELLOWBIRD BUS COMPANY.

The requirements are as follows:

1. DOT and School Bus Physicals to be obtained by a Nationally Registered Certified Medical Examiner at your expense, before beginning training.
2. Background checks – PA State Police, PA Child Abuse Clearance, FBI Fingerprint clearance – NO felony convictions, NO misdemeanor convictions within the last 5 years, NO history of Child Abuse.
3. Clean Motor Vehicle Report for the last 3 years.
4. Must be willing to sign an agreement to stay employed by us for at least 1 year.

We look forward to having you join our fleet and we hope to have a long-standing relationship with you.

Thank you.

YELLOWBIRD BUS COMPANY

Name \_\_\_\_\_

Signature \_\_\_\_\_

**DRIVER EMPLOYMENT APPLICATION**

A-1

Name (first, middle, last)

You must list  
 all previous  
 addresses for 3  
 years

Address (street, city, state, zip code)

Address (street, city, state, zip code)

Phone Number

Date of Birth

Social Security Number

Are you legally authorized to work in the U.S.?

Yes No

Emergency Contact Name

Relation

Address

Phone Number

**DRIVER LICENSE INFORMATION**

Driver License Number

State

Type

Expiration Date

**DRIVER EXPERIENCE**

Type of Equipment

From (Date)

To (Date)

Approx # of Miles

Type of Equipment

From (Date)

To (Date)

Approx # of Miles

**REQUIRED QUESTIONS**

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes No

Has any license, permit or privilege ever been suspended or revoked?

Yes No

Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?

Yes No

If you answered yes to any of the above 3 questions, attach a statement of explanation

**TICKETS / ACCIDENTS/ ETC.**

**Accident Record for Past 3 Years**

Date	Description	# of Injuries / Fatalities

**Traffic Convictions & Forfeitures for Past 3 Years**

Date	Location	Charge	Penalty



**EMPLOYMENT RECORD**

A-2

\_\_\_\_\_ Checking here certifies that the driver had no previous employment experience working for a DOT regulated employer during the preceding three years.

Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No
Employer	From (M/Y)	To (M/Y)
Address	Phone	Position
Were you subject to the FMCSRs while employed?		Yes No
Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40?		Yes No

**DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)**

If you were driving a CMV, you must provide complete employment history for the past 10 years. Any gaps in employment longer than 1 month are explained as follows:

Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No
Activity During Break	From (M/Y)	To (M/Y)
In Addition, I was not employed by any company or individual		Yes No

\*For additional blocks needed, please make a copy of this form

**TO BE READ AND SIGNED BY APPLICANT**

A-3

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature

Date



YELLOWBIRD BUS CO INC DOT#273447  
PHONE NUMBER (215) 289-1022

Driver Employment  
Packet

Yellowbird Bus Company, Inc  
7700 State Road  
Philadelphia, PA 19136

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

**B**

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Accufax, Equifax, Transunion, Experion or other vendors of information services.

Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	

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Have you EVER been CONVICTED of anything other than a traffic violation? \_\_\_\_\_ If yes, please explain.

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Have you ever been injured while performing your employment duties? \_\_\_\_\_ If yes, please explain.

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Are you able to perform essential functions of the job with or without reasonable accommodations? \_\_\_\_\_

If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date



YELLOWBIRD BUS COMPANY

7700 State Road

Philadelphia, PA 19136

215-289-1022

fax 215-289-5262

May 20, 2009

All applicants, prior to being accepted for employment by YELLOWBIRD BUS COMPANY must submit to a drug test as required by the Federal Motor Carrier Safety Administration regulations. YELLOWBIRD must received a *negative* result before the applicant can be hired. Any positive result will disqualify the applicant for employment. The applicant must also grant YELLOWBIRD permission to research any drug and alcohol testing done for 3 years prior to applying at YELLOWBIRD.

Upon becoming an employee of YELLOWBIRD BUS COMPANY, you are required to participate in the random drug and alcohol testing program. The drugs tested for are: MARIJUANA, COCAINE, OPIATES, AMPHETAMINES and PCP. No advance notice will be given, and the employee must agree to be tested immediately upon being called. Any positive drug result or refusal may result in termination. Refusing to test will be treated as a positive result. If the result is positive, a Substance Abuse Professional, at the employee's expense, must evaluate the employee. Returning to duty will be pending recommendation by the evaluator. A positive alcohol test of 0.02 – 0.039 will result in being placed OUT OF SERVICE for 24 hours. A positive alcohol test of 0.04 or greater will result in suspension, pending an evaluation of the Substance Abuse Professional, at the employee's expense. If the employee is then considered for re-employment, he/she must first submit to a drug or alcohol test, whichever applies, receive a negative result and be subjected to 6 more tests at YELLOWBIRD's discretion during the next 12 months.

Any drivers involved in an accident involving a fatality or receiving a citation at the scene, must submit to an alcohol test within 8 hours and a drug test within 32 hours of the accident. Refusing to test will result in immediate termination of the employee.

I have read the above and understand what I have read.

---

Signature

Date

**CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS**



**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

**DRIVER CERTIFICATION:** I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver License Number	State	Expiration
Driver Signature	Date	





## MVR RELEASE CONSENT FORM

In conjunction with my employment, or volunteer work, at/with Yellowbird  
[redacted] ("the company"), I [redacted] (applicant)

Consent to the release of my Motor Vehicle (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.. "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

Signed (applicant) X [redacted]

Drivers License Number [redacted] State: [redacted]

Date-Of-Birth [redacted] Last "4" digits of Social Security # [redacted]

Date: [redacted]

*Capital Insurance & Risk Management Group's loss control service is advisory only. We assume no responsibility for management or control of customer loss control activities nor for implementation of recommended corrective measures. This report is based on information supplied by the customer and observations of conditions and practices at the time of the visit. We have not tried to identify all hazards. We do not warrant that requirements of any federal, state or local law, regulation or ordinance have or have not been met.*

**ANNUAL REVIEW OF DRIVING RECORD**

G

**PART A - CERTIFICATION AND RECORDS**

Driver Name \_\_\_\_\_

MOTOR CARRIER INSTRUCTIONS: The Company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.

Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Change of Address:

If you have moved in the last 12 months, provide your new address here

**Drivers Signature** \_\_\_\_\_ Today's Date \_\_\_\_\_

**PART B - MVR (MOTOR VEHICLE RECORD)**

**PART C - CARRIER'S ANNUAL REVIEW**

Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2)

This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving, and operation while under the influence of alcohol or controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a motor vehicle pursuant to 391.15.

Carrier's Name	Carrier's Address	
Reviewed by:	Title	Date



**ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE**



Have you ever refused to be tested for drugs or alcohol?	Yes	No
Have you ever tested positive for drugs or alcohol?	Yes	No
Have you ever tested positive for any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	Yes	No

If you answered yes to any of the above questions, attach a statement of explanation and provide proof of Return to Duty Process.

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident
- Follow Up (see company policy)
- Return-to-duty (see company policy)

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant Signature	Date
Print Name	Social Security Number
Employer Witness	



<b>SAFETY PERFORMANCE HISTORY RECORDS REQUEST</b>			<b>E-1</b>
<b>Section 1   To be Completed by Prospective Employee</b>			
I, (first, middle, last)	Social Security Number	Date of Birth	
Hereby Authorize:			
Previous Employer		Phone	
Address (Street, City, State, Zip)		Fax	
To release and forward the information requested by section 2 and 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____ to _____ (M/Y of employment dates)			
Attn:	Phone: (215) 289-1022	Fax:	
Prospective Employer YELLOWBIRD BUS CO INC	Address 7700 State Rd. Philadelphia, PA. 19136		
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or e-mail.			
<b>Applicant Signature</b>		Date	

<b>Section 2   To be Completed by Previous Employer</b>				
The applicant named above was employed by us		Yes	No	
Employed	From M/Y	To M/Y		
Did he/she drive a motor vehicle for you?		Yes	No	
If yes, what type?	Straight Truck <input type="checkbox"/>	Tractor Trailer <input type="checkbox"/>	Other _____	
Reason for leaving your employ	Discharged <input type="checkbox"/>	Resignation <input type="checkbox"/>	Lay Off <input type="checkbox"/>	Military Duty <input type="checkbox"/>
If there is no safety performance history to report, check here <input type="checkbox"/> , sign below & return				
Complete the following for any accidents included on you accident register (§390.15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here <input type="checkbox"/> if there is no accident register data for this driver.				
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:				
Signature		Title	Date	



**SAFETY PERFORMANCE HISTORY RECORDS REQUEST CONTINUED**

E-2

**Section 3 | To be Completed by Previous Employer**

If the applicant was no subject to DOT testing requirements while employed by you please check here , fill in the dates of employment from M/Y \_\_\_\_\_ to M/Y \_\_\_\_\_, complete the bottom of Section 3 sign, and return.

Has this person had an alcohol test with a result of 0.04 or higher?	Yes	No
Has this person tested positive, adulterated or substituted a test specimen for controlled substances?	Yes	No
Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test?	Yes	No
Has this person committed other violations of Subpart B of Part 382 or Part 40?	Yes	No
If this person has violated a DOT drug & alcohol regulation did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	Yes	No N/A
For a driver who successfully complete a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	Yes	No N/A

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 4 | To be Completed by Prospective Employer**

This form was	Faxed	Mailed	Other
By	Date		
This form was	Faxed	Mailed	Other
By	Date		
This form was	Faxed	Mailed	Other
By	Date		
Information was received by (Include Date)	Fax	Mail	Other

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**ARREST/CONVICTION REPORT AND CERTIFICATION FORM**  
(under Act 24 of 2011)

**Section 1. Personal Information**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Any former names  
by which you have  
been identified: \_\_\_\_\_

**Section 2. Report of Arrest or Conviction**

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §1-111(e) ("Reportable Offense(s)"). See Instructions on Page 2 of this Form for a list of Reportable Offenses. If you have none to report, proceed to Section 3 of this form.

**Details of Arrests or Convictions**

For any arrest or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the crime for which you have been arrested or convicted, the date and location of arrest and/or conviction, and the applicable court.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3. No Arrest or Conviction**

By checking this box, I state that I have never been arrested for or convicted of any Reportable Offense.

**Section 4. Certification**

*By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**COMMONWEALTH OF PENNSYLVANIA  
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE  
(under Act 168 of 2014)**

**(Hiring school entity or independent contractor submits this form to ALL current employer(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children)**

To:	Name of Current or Former Employer:	<input type="checkbox"/> No applicable employment
	Street Address:	
	City, State, Zip:	
	Telephone Number:	

The named applicant is under consideration for a position with our entity. The Pennsylvania General Assembly has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the Commonwealth's students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within **20 business days** as required by Act 168 of 2014.

**SECTION 1: APPLICANT CERTIFICATION AND RELEASE (TO BE COMPLETED BY THE APPLICANT EVEN IF THE APPLICANT HAS NO CURRENT OR PRIOR EMPLOYMENT TO DISCLOSE)**

Applicant's Name (First, Middle, Last):	
Any former names by which the Applicant has been identified:	
DOB:	
Last 4 digits of Applicant's Social Security Number:	PPID (if applicable):
Approximate dates of employment with the entity listed above:	
Position(s):	

**Have you (Applicant) ever:**

- Yes  No  Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?
- Yes  No  Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?
- Yes  No  Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any willful failure to disclose the information

required, shall subject me to criminal prosecution under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and to discipline up to, and including, termination or denial of employment, and may subject me to civil penalties and disciplinary action under the Educator Discipline Act. I also hereby authorize the above-named employer to release to the entity listed on page 3, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records.

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

Date \_\_\_\_\_

**SECTION 2: CURRENT/FORMER EMPLOYER VERIFICATION (TO BE COMPLETED BY THE APPLICANT'S CURRENT EMPLOYER(S) AND ALL FORMER EMPLOYERS THAT WERE SCHOOL ENTITIES AND/OR WHERE THE APPLICANT HAD DIRECT CONTACT WITH CHILDREN)**

Employing Entity receipt date \_\_\_\_\_

Received by \_\_\_\_\_

Contact telephone # \_\_\_\_\_

Dates of employment of Applicant: \_\_\_\_\_

To the best of your knowledge, has Applicant ever:

Yes  No  Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes  No  Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes  No  Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

Former Employer Representative Signature and Title \_\_\_\_\_

Date \_\_\_\_\_

Pursuant to Act 168, an employer, school entity, administrator, and/or independent contractor that provides information or records about a current or former employee or applicant shall be immune from criminal liability under the CPSL, the Educator Discipline Act, and from civil liability for the disclosure of the information, unless the information or records provided were knowingly false. Such immunity shall be in addition to and not in limitation of any other immunity provided by law or any absolute or conditional privileges applicable to such disclosure by the virtue of the circumstances of the applicant's consent thereto.

Under Act 168, the wilful failure to respond to or provide the information and records as requested may result in civil penalties and/or professional discipline, where applicable.

**Return all completed information to:**

<b>School Entity:</b>			
<b>Address:</b>		<b>Phone:</b>	
<b>State:</b>	<b>Zip:</b>	<b>Fax:</b>	

YELLOWBIRD BUS CO INC DOT#273447  
PHONE NUMBER (215) 289-1022

Driver Employment  
Packet

Yellowbird Bus Company, Inc  
7700 State Road  
Philadelphia, PA 19136

**HOURS OF SERVICE RECORD (7 DAY SHEET)**



**FOR FIRST TIME OR INTERMITTENT DRIVERS**

On the first day you drive, you must fill out this form to record all work done for direct or indirect compensation.

Name	Social Security Number
------	------------------------

Day	Total Time on Duty	Date
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		

I hereby certify that the information contained hereon is true and to the best of my knowledge and belief, and that my last period of release from duty was

From (Date)	To (Date)	
Signature	Date	Time

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**PSP DRIVER BACKGROUND INVESTIGATION RELEASE**



In connection with your application for employment with YELLOWBIRD BUS CO INC, it may obtain one or more reports regarding your credit, driving, and/or criminal background history from a consumer reporting agency and/or other sources. If the Prospective Employer uses any information it obtains from a background report in a decision to not hire you or make any other adverse employment decision regarding you, the Prospective Employer will provide you a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon a background report, the Prospective Employer will notify you that the action has been taken and that the background report was the reason for the action. The Prospective Employer cannot obtain background reports from the consumer reporting agencies or other sources regarding you unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize YELLOWBIRD BUS CO INC to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years, as well as any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including school and educational institutions, professional or business associates, and friends and acquaintances that Prospective Employer might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with Prospective Employer. Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, specific events, or other work-related characteristics that currently are in the possession of the requested organizations or their managers or representatives.

In exchange for Prospective Employer's consideration of my employment application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides work-related information about me to Prospective Employer or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Prospective Employer or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer and/or any entity it retains to obtain such background reports and may obtain reports of my credit, driving, and/or criminal background history in addition to information regarding my background, references, education, specific events, and past employment.

I hereby authorize Prospective Employer and its employees, agents, and its affiliates to obtain the information authorized above.

Print Name	Signature	Date
------------	-----------	------





This form is to be completed in ink by the requester - (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.  
 Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement, which he/she does not believe to be true.

**TRY OUR WEBSITE FOR A QUICKER RESPONSE**

<https://epatch.state.pa.us> ←

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

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

NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)
		SEX
		RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

REASON FOR REQUEST: All requests \$10.00

\*\*\*MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA\*\*\*

←←←←← CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST →→→→→

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC)  | <input checked="" type="checkbox"/> EMPLOYMENT/SCREENING | <input type="checkbox"/> PASSPORT                        |
| <input type="checkbox"/> ATTORNEY             | <input type="checkbox"/> FOSTER CARE                     | <input type="checkbox"/> PRIVATE INVESTIGATIONS          |
| <input type="checkbox"/> BANKING              | <input type="checkbox"/> HEALTHCARE                      | <input type="checkbox"/> SOCIAL SERVICES                 |
| <input type="checkbox"/> BAR ASSOCIATION      | <input type="checkbox"/> HOUSING                         | <input type="checkbox"/> TENANT CHECK                    |
| <input type="checkbox"/> CHURCH               | <input type="checkbox"/> INSURANCE LICENSE               | <input type="checkbox"/> VISA                            |
| <input type="checkbox"/> CHILD CARE           | <input type="checkbox"/> MENTAL HEALTH                   | <input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER |
| <input type="checkbox"/> EDUCATION            | <input type="checkbox"/> NURSE AID TRAINING              | <input type="checkbox"/> VOLUNTEER                       |
| <input type="checkbox"/> ELDER CARE           | <input type="checkbox"/> OTHER _____                     |  |
| <input type="checkbox"/> EMERGENCY MANAGEMENT |  |  |

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

**FOR CENTRAL REPOSITORY USE ONLY  
CONTROL NUMBER**

AFTER COMPLETION MAIL TO:  
 PENNSYLVANIA STATE POLICE  
 CENTRAL REPOSITORY - 164  
 1800 ELMERTON AVENUE  
 HARRISBURG, PA 17110-9758

Local Number 717-425-5546  
 1-888-QUERYP (1-888-783-7972)

**DO NOT SEND CASH OR PERSONAL CHECK**

CHECK ONE BLOCK  
 INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - ENCLOSE CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO:  
 "COMMONWEALTH OF PENNSYLVANIA"  
 THE FEE IS NONREFUNDABLE

FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY - NO FEE

# PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. Print clearly in ink. Enclose \$10.00 money order ONLY, payable to DEPARTMENT OF PUBLIC WELFARE. **DO NOT send cash or personal check.**  
 Send to CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

**APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.**

**CHILDLINE USE ONLY**

DATE RECEIVED BY CHILDLINE

**SECTION I**

**APPLICANT IDENTIFICATION**

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE  
ZIP CODE

SOCIAL SECURITY NUMBER

AGE

DATE OF BIRTH

DAYTIME PHONE NO.

SEX

M  F

COUNTY YOU LIVE IN

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide central register), 6344 (relating to information relating to prospective child care personnel), 6344.1 (relating to information relating to family day-care home residents), and 6344.2 (relating to information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

**PURPOSE OF CLEARANCE (Check ONE block ONLY)**

- Child Care Services Employee
- Foster Care     Adoption     School Employee
- Employment with a significant likelihood of regular contact with children
- Volunteers - A copy of your **PROCESSED** "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their **PROCESSED** FBI clearance (Form FD-258).
- DPW Employment & Training Program Participant  
(signature required below)

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

**PREVIOUS NAMES USED SINCE 1975  
(Include Maiden Name, Nicknames, Aliases)**

1. (LAST, FIRST, MIDDLE)

2. (LAST, FIRST, MIDDLE)

3. (LAST, FIRST, MIDDLE)

4. (LAST, FIRST, MIDDLE)

5. (LAST, FIRST, MIDDLE)

**PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)**

1.

2.

3.

4.

**HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)**

NAME (Last, First, Middle) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

Information Necessary to Register for FBI Fingerprinting

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Sex \_\_\_\_ Male \_\_\_\_ Female

Race \_\_\_\_\_

Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

e-mail address \_\_\_\_\_