



**J. MARLIN ERNST & SONS, INC.**  
 15 PINEDALE VIEW DRIVE  
 ORWIGSBURG, PA 17961  
 PHONE (570) 366-2471 FAX (570) 366-3686

## Application for Employment

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Address(es) For the past three years**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### EXPERIENCE & QUALIFICATIONS – DRIVER (Attach sheet if more space is needed)

#### LICENSE

| Driver Licenses | State | License No. | Type | Expiration Date |
|-----------------|-------|-------------|------|-----------------|
|                 |       |             |      |                 |
|                 |       |             |      |                 |
|                 |       |             |      |                 |

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

☐ Yes ☐ No

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

☐ Yes ☐ No

*If the answer to either A or B is yes, attach a statement giving details.*

#### DRIVING EXPERIENCE

| Class of Equipment       | Type of Equipment (Van, Tank, Flat, Etc.) | From | To | Approximate Number Of Miles (Total) |
|--------------------------|---|------|----|-------------------------------------|
| Straight Truck           |   |      |    |                                     |
| Tractor and Semi-Trailer |   |      |    |                                     |
| Tractor and Two Trailers |   |      |    |                                     |
| Other                    |   |      |    |                                     |

#### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

| Dates | Nature of Accident (Rear-end, Upset, Etc.) | Fatalities | Injuries |
|-------|--|------------|----------|
|       |  |            |          |
|       |  |            |          |
|       |  |            |          |

#### TRAFFIC CONVICTIONS FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

## EMPLOYMENT RECORD (Attach sheet if more space is needed)

Note: Show ALL employment for the past three years and all  
Commercial Driving Experience for the past 10 years.

### Last Employer:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_  
Subject to FMCSR's? ☐ Y ☐ N Subject to drug/alcohol testing requirements per 49 CFR Part 40? ☐ Y ☐ N

### Second Last Employer:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_  
Subject to FMCSR's? ☐ Y ☐ N Subject to drug/alcohol testing requirements per 49 CFR Part 40? ☐ Y ☐ N

### Third Last Employer:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_  
Subject to FMCSR's? ☐ Y ☐ N Subject to drug/alcohol testing requirements per 49 CFR Part 40? ☐ Y ☐ N

### Fourth Last Employer:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_  
Subject to FMCSR's? ☐ Y ☐ N Subject to drug/alcohol testing requirements per 49 CFR Part 40? ☐ Y ☐ N

### Fifth Last Employer:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_  
Subject to FMCSR's? ☐ Y ☐ N Subject to drug/alcohol testing requirements per 49 CFR Part 40? ☐ Y ☐ N

### Sixth Last Employer:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_  
Subject to FMCSR's? ☐ Y ☐ N Subject to drug/alcohol testing requirements per 49 CFR Part 40? ☐ Y ☐ N

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*Per Sec. 391.23(i)(1), you have the following rights regarding the investigative information obtained from previous employers:*

- i. The right to review information provided by previous employers;*
  - ii. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;*
  - iii. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.*
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As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past three years.

- ☐ **Yes**, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.
- ☐ **No**, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.

*DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.*

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***To be read and signed by Applicant***

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.

Today's Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

***Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.***

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**REQUEST FOR DRIVER INFORMATION**The most current version of this form can be found at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)**PLEASE TYPE OR PRINT IN BLUE OR BLACK INK****DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS**
 Bureau of Driver Licensing  
 P.O. Box 68695  
 Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- ☐ BASIC INFORMATION: **\$5.00 FEE** (*Driver history is not included*)
- ☐ 3 YEAR DRIVER RECORD: **\$5.00 FEE**
- ☐ 10 YEAR DRIVER RECORD: **\$5.00 FEE** (*Employment Purposes Only*)

- ☐ FULL HISTORY: **\$5.00 FEE**
- ☐ CERTIFIED DRIVER RECORD: **\$10.00 FEE**
- ☐ COPY OF DOCUMENT FROM FILE (MICROFILM): **\$5.00 FEE**
- ☐ CERTIFIED COPY OF DOCUMENT FROM FILE: **\$10.00 FEE**

 You may obtain a copy of your own 3 year, 10 year and/or Full History Driving Record on PennDOT's website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

|   |   |
|---|---|
| <b>A REQUESTER INFORMATION</b><br>NAME/COMPANY _____<br>ADDRESS _____<br>CITY _____ STATE _____ ZIP CODE _____<br>DAYTIME TELEPHONE NUMBER (REQUIRED) _____<br>RELATIONSHIP TO DRIVER (REQUIRED) _____<br>SIGNATURE <u>X</u> _____<br>NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD  | <b>B END USER OF INFORMATION BEING REQUESTED</b><br>NAME/COMPANY _____<br>ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence _____<br>CITY _____ STATE _____ ZIP CODE _____<br>DAYTIME TELEPHONE NUMBER (REQUIRED) _____<br>RELATIONSHIP TO DRIVER (REQUIRED) _____   |
| <b>C DRIVER INFORMATION</b><br>NAME: LAST _____ FIRST _____ INITIAL _____<br>ADDRESS _____<br>CITY _____<br>STATE _____ ZIP CODE _____<br>PHONE NUMBER _____<br>DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____<br>DRIVER NUMBER _____  | <b>D AFFIDAVIT OF INTENDED USE</b><br>Intended Use of the Information Requested: <b>CHECK ONLY ONE</b><br><input type="checkbox"/> <b>B = Driver Release</b> ( <i>Driver must complete Section E.</i> )<br><input type="checkbox"/> <b>C = Credit Business</b> ( <i>Legitimate Business need in connection with a business transaction initiated by the driver.</i> )<br><input type="checkbox"/> <b>C = Credit Potential Investor, Server or Current Insurer</b> ( <i>In connection with an assessment of the credit/payment risks associated with an existing credit obligation.</i> )<br><input type="checkbox"/> <b>E = Employment</b> ( <i>To support the hiring or the continuation of employment. Driver must complete Section E.</i> )<br><input type="checkbox"/> <b>R = Insurance Company</b> requesting record of person it intends to insure, now insures, or has rejected for insurance.<br><input type="checkbox"/> <b>K = Court Order</b> must be attached. ( <i>A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.</i> )<br><input type="checkbox"/> <b>L = Attorney</b> representing driver identified in Section C ( <i>Driver must complete Section E.</i> ) |
| <b>E DRIVER RELEASE</b><br>I _____ hereby request<br>the Department of Transportation to furnish a copy of my PA Driver's Record to _____<br>NAME OF DRIVER _____<br>NAME OF PERSON/COMPANY _____<br><u>X</u> _____<br>SIGNATURE OF DRIVER _____ DATE _____   | I hereby Certify that _____<br>PRINTED NAME OF REQUESTER _____<br>will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.<br><u>X</u> _____<br>SIGNATURE OF REQUESTER _____<br>Title _____  |
| <b>F MICROFILM</b><br>TYPE OF DOCUMENT _____ DATE OF VIOLATION _____<br>(see list of available documents below)<br><b>Documents Available:</b><br>• Citations • Suspension Credit Affidavits<br>• Court Certifications • Suspension/Revocation Letters<br>• Applications • Restoration Letters<br>• License Renewals • Rescind Letters<br>• Judgments • Department Hearing or Exam Notice | <b>NOTARIZATION</b><br>SUBSCRIBED AND SWORN<br>TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR _____<br><u>X</u> _____<br>SIGNATURE OF PERSON ADMINISTERING OATH<br><div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>S E A L</b><br/> <b>SIGN IN PRESENCE OF NOTARY</b> </div>   |

MESSENGER NO.

**INSTRUCTIONS**

1. **To request your own record**, complete Sections A & C only. Notarization is NOT required.
2. **To request a record other than your own**, complete Sections A, C, and D. Section E must contain the driver's signature if block **B, E or L is checked in Section D. If the Requester is obtaining the information on behalf of someone else, Section B must also be completed.**
3. **PRINT OR TYPE** all requested information on the front of the form. Submitting **ONLY** a name and address does not provide enough information for a proper search of the driver files.
4. A non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
5. **If requesting a microfilm copy of a document**, also complete Section F. You must be specific in providing the type and date of the document. If there are several citations on the record, the cost is \$5.00 per citation. You need to provide the date of the violation/action to clearly identify the citation(s) requested.
6. Check the type of record requested at the top of the form and make check or money order payable to "PennDOT."  
**DO NOT SEND CASH.** Attach your check or money order and send to:

***For overnight and other special mail:***

BUREAU OF DRIVER LICENSING  
DRIVER RECORD SERVICES  
P.O. BOX 68695  
HARRISBURG, PA 17106-8695

BUREAU OF DRIVER LICENSING  
DRIVER RECORD SERVICES  
1101 SOUTH FRONT STREET 3RD FLOOR  
HARRISBURG PA 17104-2516

**DESCRIPTION OF INFORMATION AVAILABLE**

BASIC INFORMATION..... Includes name, address, driver number, date of birth and class of license.

(\$5.00 fee)

3 YEAR RECORD\* ..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 3 years from the date request is processed. **You can obtain a copy of your own record on PennDOT's website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)**

(\$5.00 fee)

10 YEAR RECORD\* ..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the past 10 years from the date request is processed. A 10-year record is for employment purposes only. **You can obtain a copy of your own record on PennDOT's website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)**

(\$5.00 fee)

FULL HISTORY ..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania.

(\$5.00 fee)

CERTIFIED RECORD..... Includes name, address, driver number, date of birth, class, license status, Departmental actions and violations for the **complete** history of the driver on file in Pennsylvania certified by the Department.

(\$10.00 fee)

**MICROFILM**

DOCUMENT ..... Copies of documents retained by the Department are available for purchase from the microfilm file. You must be specific as to the type of document and the date of the violation/action.

(\$5.00 fee)

**CERTIFIED COPY**

OF DOCUMENT ..... Copies of documents from the microfilm file that have been certified by the Department.

(\$10.00 fee)

**IMPORTANT INFORMATION CONCERNING THE USE OF DRIVER INFORMATION**

- Driver record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Driver record information can only be used for the purpose stated in Section D.
- Driver record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all driver record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The driver record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The driver record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for driver record information. If the Requestor/End User is found to have requested driver record information for an unauthorized purpose, access to Pennsylvania driver record information will be terminated.

\* Businesses who obtain driver records for the purpose of employment or insurance are now able to obtain and print these records, in real time, through our enhanced Online Services.

If you are an employer or insurance company/agent and are interested in becoming an authorized Online business user, please visit our website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us) and click on "Online Business Services" for more information.