



Driver MVR Form

Name of Employee _____ Date of Birth _____

Job Title/Location _____

Drivers License Number and State _____
(Submit legible copy of license with this form)

Employee's Driving History

Please list, chronologically for the past five years, all accidents, moving violations or traffic citations, suspensions, convictions or charges filed against you under the Motor Vehicle Code in any state.

Acknowledgement and Release

I swear or affirm that the information provided above is true and accurate. I hereby authorize the Department of Transportation to release my motor vehicle driving report to the Manheim Township School District for the purposes of determining my driver's license validity, driving record and overall driving fitness for the transportation of school students or use of District owned vehicles. Manheim Township School District and the Pennsylvania Department of Transportation are hereby released from any and all liability, which may result from furnishing such information.

I acknowledge and agree that if there are subsequent changes to the information provided above, e.g., accidents, violations, citations, suspensions, charges, convictions filed against me under any State code, I must immediately notify the Manheim Township School District Transportation Department.

Date _____ Employee Signature _____

1. In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act, Public Laws No. 91.508, I hereby certify that the driving information requested will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.

2. I further certify that if the person named above is denied employment based on the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act, and provide the named person with a copy of the report and all other required information.

Date _____ Signature of Transportation Coordinator _____