
DREYFUSS

Revised 07/1/2025

Pre-Hire Package for PA Properties ONLY

Dear Potential Employee,

These five forms are for you to fill out, but only if you received a conditional offer of employment:

1. Application for Employment
2. Have You Ever Been Convicted...Form
3. Background Report Release Form
4. Drug and Alcohol Screening Test Informed Consent and Release of Liability Form
5. Request for Driver Information Form

For You to Keep:

1. Drug and Alcohol Free Workplace Policy
2. A Summary of Your Rights Under the Fair Credit Reporting Act

Please answer all the questions, don't leave any space blank and make sure to sign and date all forms.

IMPORTANT – We will never have you fill out anything via a link sent to you by text message or email. If you receive a text message or email with a link requesting information in reference to your conditional job offer, DO NOT CLICK ON IT, instead contact me ASAP.

If you have any questions, please let me know.

Thank You,

Linda Cline

Linda Cline
Human Resources Director
lcline@dreyfuss.net
(301) 951-8300 x 109
(301) 652-8888 Fax

EQUAL
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Application for Employment

Pre-Employment Questionnaire – An Equal Opportunity Employer

Personal Information

Name

Last

First

Middle Initial

Suffix

Social Security Number

Present Address – No P.O. Box

Street

Unit #

City

State & Zip Code

Home Phone Number

Cell Phone Number

Email Address

Are you 18 or older? ☐ Yes ☐ No

Are you legally entitled to work in the U.S.? ☐ Yes ☐ No *NOTE: If you receive an offer, you will be required to produce documents verifying your identity and work authorization in accordance with the law.

How did you hear about this position (if from a current employee please list full name)?

Employment Desired

Position Applied For

Date You Can Start

Pay Desired

Will You Work Overtime, Shift Work, On-Call, Rotational, and/or Weekend, If Asked? ☐ Yes ☐ No

Are You Employed Now? ☐ Yes ☐ No If Yes, May We Inquire of Your Present Employer? ☐ Yes ☐ No

Ever Applied to This Company/Property Before? ☐ Yes ☐ No Where? When?

Type of Employment Desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Summer ☐ Other

Education

School	Name of School	Years Completed	Did you Graduate?		Type of Degree/Diploma
			Yes	No	
College					
High School					
Other					

General

Please List Subjects of Special Study, Training, Skills and/or Research which are Job Related:

Current/Former Employers (please list your last 2 employers, starting with current/last one first).

Month & Year	Company Name/City/State of Employer	Phone Number for Verification of Employment	Pay Rate & Position	Reason for Leaving
From To				
From To				

Foreign Languages (list fluent only) 1. _____ ☐ Read ☐ Write ☐ Speak
2. _____ ☐ Read ☐ Write ☐ Speak

I hereby affirm that my answers to the foregoing questions are true and correct, and that I have not withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. I understand that the misrepresentation or omission of the facts called for in this application or other records or otherwise provided during the interview process will be cause for immediate dismissal or cancellation of my application, whichever is applicable. In addition, I authorize Dreyfuss, its affiliates, representatives, and assignees to verify all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living, whichever are applicable, from former employers and others (including, without limitation, information on employment, references and my criminal conviction record in accordance with, and at such times as may be permitted under, applicable law). I release all concerned from any liability in connection with any information they give. I further understand that I have the right, under section 606(B) of the Fair Credit Reporting Act, to make a written request within a reasonable time for a complete and accurate disclosure of the nature and scope of the investigation requested.

I understand and agree that, if hired, my employment will be at-will, and that it can be terminated at any time by either party without notice or reason.

Date _____ Signature of Applicant _____

UNDER MARYLAND STATE LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

Dreyfuss Management LLC is the managing agent of the community at which you are seeking employment. If you are hired, your employer will be the owner of the community.

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Please only complete this form if you have received a conditional offer of employment.

Have You Ever Been Convicted of or Pled Guilty or No Contest to a Crime for Which the Conviction has Not Been Expunged?

☐ Yes ☐ No

If yes, please describe circumstances of your convictions, indicating date, nature and place of the offense and disposition of the case, along with any other information you think is relevant. **Note:** A criminal conviction will not necessarily be a bar to employment. Any relevant facts, such as the length of time since the offense and the nature of the violation, job-relatedness, employment history and rehabilitation efforts will be taken into account. Any such matter should be fully explained below.

Signature

Printed Name

Date

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BACKGROUND REPORT RELEASE FORM

PLEASE READ CAREFULLY

This is to notify you that in connection with your application for employment or temporary assignment we may produce a consumer report. Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics and mode of living as part of the process. In the event that information gained from these reports is utilized, either in whole or in part, in making an adverse decision we will provide you with a copy of the consumer report and a description of your summary of rights under the Fair Credit Reporting Act (FCRA) before making an adverse action.

This information may be obtained by contacting your present and previous employers or references supplied by you. The report may cover information including, but not limited to, criminal history reports, and any public records i.e. driving records, education and licensing verifications, personal reference verifications, federal and state blocked party information, medical professional sanctions and Social Security number verification.

Please be advised that you have the right to request a copy of the consumer report in a reasonable amount of time (60 days). We will make a complete and accurate disclosure of the nature and scope of the information requested.

By signing below, I am authorizing **Dreyfuss Management LLC** to prepare a consumer or investigative consumer report on me as part of the screening process for employment or temporary assignment. During the period in which I retain employment or assignment, I further authorize **Dreyfuss Management LLC** to obtain additional consumer reports or investigative consumer reports on me to evaluate my reliability for purposes of determining continued access authorization. I also acknowledge that **Dreyfuss Management LLC** will provide me with a copy of my summary of rights under the fair credit-reporting act (FCRA) if needed.

I additionally authorize all entities having information about me including present and former employers, criminal justice agencies, department of motor vehicles, schools, and credit reporting agencies to release such information to the below indicated party or **Dreyfuss Management LLC** and to Partnership Screening as the investigative consumer reporting agency, or to any firm retained to conduct such investigations, with all to be treated as the end user of such information without exception.

Type Name of Requester **Dreyfuss Management LLC**

This release and authorization shall remain valid and in effect during the term of your employment. We reserve the right to run additional consumer reports and/or investigative consumer reports on an as needed basis.

Date: _____ Authorized Signature: _____

Subject/ First Name: _____ Middle _____ Last _____

Address: _____ City: _____ ZIP Code: _____

Previous Address: _____ City: _____ ZIP Code: _____

Subject email address : _____

Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____

Drivers License Number: _____ State Issued: _____

For residents of, or for jobs located in, California, Maine, Massachusetts, Minnesota, New Jersey, New York, Oklahoma and Washington, you may request a free copy of any background check report by checking the box below.

☐ I request a free copy of the report.

The information that you provide on this form will be used solely for the purpose of identifying or eliminating possible records revealed during the background screening process and will not be used in any way in making an employment or assignment decision

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

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Drug and Alcohol Screening Test Informed Consent and Release of Liability

I have been given a copy of the Dreyfuss Drug and Alcohol-Free Workplace Policy and have read the policy. I understand that violations of the policy will lead to disqualification from employment if I am an applicant or discipline up to and including termination of employment if I am a current employee.

I hereby give Dreyfuss and its agents and contractors consent to collect blood, urine, or saliva samples from me and to conduct tests to determine the presence of alcohol or illegal drugs in my system. I hereby release Dreyfuss and its owners, affiliates, employees, agents, representatives, and the health care provider and/or laboratory who conduct the test from any liability whatsoever, arising from the request to furnish the sample, the testing of the sample and decisions made concerning my employment based upon the results of the analysis.

I understand that if I decline to sign this form and thereby decline to take the test, the Human Resources Department will be so notified, and I will be disqualified from employment. I also understand that if the test is confirmed as positive, the results will be reported to the Human Resources Department, and I may be disqualified from employment.

Signature

Print Name

Date

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Drug and Alcohol-Free Workplace Policy

Overview

Dreyfuss is deeply concerned about the dangers of substance abuse in its workplace, and therefore it enforces this policy at the communities it manages on behalf of the Owner/Employer. Substance abuse may pose a direct threat to the health or safety of employees, patients, vendors, visitors and other third parties and may negatively affect the productivity of the Employer and expose it to significant potential liability. Because of this concern, the Employer has adopted this policy.

Application of Policy

This policy applies at all times while employees are on Employer time or premises. Employer premises includes the Employer's offices, parking lots and storage areas, all locations where Employer work is performed or where an employee is on Employer travel, and vehicles being used on Employer business. This policy also applies to conduct off Employer time or premises which has an effect on the Employer's operations or the employee's job.

Policy

The unlawful or unauthorized manufacture, distribution, dispensation, possession, or use of alcohol or a controlled substance, or being under the influence of alcohol or a controlled substance, is strictly prohibited.

For the purposes of this policy, the term "controlled substance" means a controlled substance listed under federal law in Schedules I through V of 21 U.S.C Section 812, and includes without limitation marijuana, cocaine, amphetamines, barbiturates, and other illegal drugs.

While the taking of prescription and over-the-counter medications is permitted if taken pursuant to the recommended dosage level and, where relevant, a valid prescription, the Employer reserves the right to require employees who are taking such medication to take a leave of absence if the medication poses a direct threat to the health or safety of themselves or others or if it interferes with their ability to perform the essential functions of their job.

Although alcohol is covered by this policy, the Employer may from time-to-time sponsor or authorize events or business entertainment on or off Employer premises for purely social reasons at which light alcoholic beverages may be served. During

such occasions, employees are expected to use good judgment and if they choose to drink alcohol, to do so only moderately. Employees who drink alcohol on such occasions should never drink and drive and should plan for a designated driver. If one is not available, the employee should contact an Employer Officer, such as the Human Resources Director, a Director of Property Management, or a Regional Manager, who will arrange for alternate transportation.

Employees who are convicted for violation of any criminal drug or alcohol statute occurring in the workplace must notify the Human Resources Department no later than five (5) days after such conviction. A conviction includes a finding of guilt, a plea of nolo contendere or imposition of a sentence. If the employee is so convicted, he or she shall be subject to serious discipline, up to and including termination. Moreover, if the Employer obtains evidence that an employee is involved in illegal drug activity, the Employer may report such activity to the proper authorities.

The Employer has a drug-free awareness program to inform employees about its policy against substance abuse and the penalties that may be imposed upon employees for substance abuse violations. The Employer has information available about the dangers of substance abuse in the workplace, any available drug and alcohol counseling, rehabilitation, and employment assistance programs. An employee who has not previously been disciplined for violation of this policy may request to participate in a rehabilitation program for substance abuse. The Employer, may, in its discretion, grant an employee an unpaid leave of absence for such a program. The Employer may also, in addition to or in, lieu of discipline for violation of this policy, require that an employee participate in such program and complete it successfully as a condition of continued employment.

Testing

The Employer reserves the right, for job-related reasons in its discretion, to require applicants to submit to testing of blood, urine and/or hair at the Employer's expense for the presence of alcohol and controlled substances. Any such testing will be performed by a laboratory that is approved and certified under applicable law. If an applicant is selected for testing, he/she must submit to testing as a condition of employment.

If the test result is positive, a second, more detailed test of the specimen will be performed. If the positive results are confirmed, the Employer will provide the applicant with the following, in person or by certified mail, within thirty (30) days of the date the test was performed: (i) a copy of the test results; (ii) a copy of this policy; (iii) if applicable, written notice of the Employer's intent to withdraw the conditional offer of employment, or change conditions of continued employment; and (iv) a written statement permitting the person to request, at his/her own cost, independent testing of the same sample for verification of the test result by a lab that is approved or certified under applicable law.

To the extent required by applicable law, a lab or physician may not reveal to the Employer information on the use of a nonprescription drug (excluding alcohol) that is not prohibited by law; or the use of a medically prescribed drug, unless the person being tested is unable to establish that the drug was legally prescribed.

Prior to submitting to testing under this policy, an applicant or employee must sign a consent and release form in a form which is substantially similar to the one attached to this policy.

An applicant who refuses to submit to testing or whose test results are confirmed as positive will be subject to withdrawal of the applicant's conditional offer of employment.

Consequences of Violating Policy

Violations of this policy will result in serious disciplinary action, up to and including termination.

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Pennsylvania
Department of Transportation

REQUEST FOR DRIVER INFORMATION

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: **\$15.00 FEE** (Driver history is **not** included)

☐ 3 YEAR DRIVER RECORD: **\$15.00 FEE**

☒ 10 YEAR DRIVER RECORD: **\$15.00 FEE** (Employment Purposes Only)

☐ FULL HISTORY: **\$15.00 FEE**

☐ CERTIFIED DRIVER RECORD: **\$46.00 FEE**

☐ COPY OF DOCUMENT FROM FILE (MICROFILM): **\$15.00 FEE**

☐ CERTIFIED COPY OF DOCUMENT FROM FILE: **\$46.00 FEE**

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT'S website at www.pa.gov/dmv

A REQUESTER INFORMATION NAME/COMPANY <p style="text-align: center;">Datalink Services, Inc</p> ADDRESS <small>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</small> <p>555 W. Adams Street</p> CITY STATE ZIP CODE <p style="text-align: center;">Chicago IL 60661</p> DAYTIME TELEPHONE NUMBER (REQUIRED) <small>(866) 454-3238</small> RELATIONSHIP TO DRIVER (REQUIRED) <small>VENDOR</small> SIGNATURE <u>X</u> NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD	B END USER OF INFORMATION BEING REQUESTED NAME/COMPANY <p style="text-align: center;">Dreyfuss Management LLC</p> ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence <p>4800 Montgomery Lane, 10th Floor</p> CITY STATE ZIP CODE <p style="text-align: center;">Bethesda, MD 20814</p> DAYTIME TELEPHONE NUMBER (REQUIRED) 301-951-8300 RELATIONSHIP TO DRIVER (REQUIRED) Employer																
C DRIVER INFORMATION NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER DATE OF BIRTH DRIVER NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">MONTH</td> <td style="width: 10%;">DAY</td> <td style="width: 10%;">YEAR</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	MONTH	DAY	YEAR														D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (Driver must complete Section E.) <input type="checkbox"/> C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.) <input type="checkbox"/> C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.) <input checked="" type="checkbox"/> E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order --NOTE: Filed copy of certificate prerequisite MUST accompany subpoena). <input type="checkbox"/> L = Attorney representing driver identified in Section C (Driver must complete Section E.) I hereby Certify that _____ <div style="text-align: right;">PRINTED NAME OF REQUESTER</div> 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 18 Pa.C.S. Section 4904(b) (relating to unsworn falsifications), which shall include punishment of a fine not exceeding \$2,500, or to a term of imprisonment of not more than one year, or both. <u>X</u> <div style="text-align: right;">SIGNATURE OF REQUESTER</div> Title _____
MONTH	DAY	YEAR															
E DRIVER RELEASE I _____ hereby request <div style="text-align: center;">NAME OF DRIVER</div> the Department of Transportation to furnish a copy of my PA Driver's Record to Datalink Services, Inc. <div style="text-align: center;">NAME OF PERSON/COMPANY</div> <u>X</u> <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE OF DRIVER</div> <div>DATE</div> </div>	F MICROFILM TYPE OF DOCUMENT DATE OF VIOLATION (see list of available documents below) Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Ignition Interlock Removal Letter • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 																
MESSANGER NO.	<div style="writing-mode: vertical-rl; transform: rotate(180deg); background-color: #cccccc; padding: 5px; font-weight: bold;">NOTARIZATION</div> <div style="border: 1px solid black; padding: 5px;"> SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR <u>X</u> <div style="text-align: right;">SIGNATURE OF PERSON ADMINISTERING OATH</div> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">S E A L</div> <div>SIGN IN PRESENCE OF NOTARY</div> </div> </div> </div>																

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 \$15.00 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.

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.

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.

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.

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.

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.

CERTIFIED COPY

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

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.

Visit us at www.pa.gov/dmv or call us at: 717-412-5300 ♦ TDD: 711

* 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.pa.gov/dmv and click on "Online Business Services" for more information.