

Applicant Certification (Please read and sign below.)

I certify that all information provided in this application and any attachments is true to the best of my knowledge. I understand any false statements, misrepresentations and material omission made herein is sufficient reason for rejection of my application or termination of subsequent employment.

I authorize the Borough of Waynesboro, or entities it may employ, to investigate all statements made in this application or attachments; to contact any of my former employers, educational institutions, or any other person or organization that may have information relevant to my employment; to obtain records concerning my past work, character, education, or military background; to obtain a "consumer report" and/or "investigative consumer report" as defined by the Fair Credit Reporting act; to obtain driving records; to obtain any records pertaining to prior felony or misdemeanor convictions or pending felony or misdemeanor charges. I authorize that such contact or investigation may occur at any time before or during employment. I understand that I may be required to sign separate consent forms for this purpose. I release the Borough from any and all liability for any damage that may result from utilizing such information.

I understand that if the Borough of Waynesboro employs me, I will be considered an "at will" employee and that termination can occur with or without notice. I also understand that as an employee of the Borough of Waynesboro, I will be required to abide by all rules, regulations, policies and procedures of the Borough as well as applicable state and federal laws.

Applicant Signature: _____ Date: _____

If not signed, application will be rejected.

EDUCATION AND TRAINING

_____ HIGH SCHOOL DIPLOMA _____ GED Still Attending High School At _____

VOCATIONAL TRAINING SCHOOL NAME:

Name & Location of School	Diploma/Degree or Certification	Major or course title

COLLEGE 1 YR 2 YRS 3 YRS 4 YRS 4+ YRS

COLLEGE OR UNIVERSITY NAME: _____

MAJOR _____

DIPLOMA OR DEGREE _____

GRADUATE SCHOOL NAME: _____

MAJOR _____

DIPLOMA OR DEGREE _____

List any Certifications or Licenses you hold pertinent to the position for which you are applying.

TITLE	STATE OR LICENSING AGENCY	EXPIRATION DATE

Complete the following only if the minimum requirements of the job description include possessing or obtaining a valid driver's license:

DO YOU HAVE A VALID DRIVERS LICENSE: NO YES # _____ State _____
 DO YOU HAVE A COMMERCIAL DRIVERS LICENSE: NO YES Class _____ Endorsements _____

DESCRIBE YOUR OFFICE EQUIPMENT OPERATION SKILLS

Typing speed: ___ WPM 10 Key by touch YES NO Cash Handling Experience YES NO

MOUS Certified YES NO Which applications? _____

Rate your proficiency with the following applications:

List other computer software / programs:

Word	None	Beginning	Intermediate	Advanced
Excel	None	Beginning	Intermediate	Advanced
Access	None	Beginning	Intermediate	Advanced
Desktop Publishing	None	Beginning	Intermediate	Advanced

LIST OTHER TYPES OF OFFICE EQUIPMENT YOU CAN OPERATE

DESCRIBE YOUR SHOP EQUIPMENT OPERATION SKILLS (Pertaining to the position for which you are applying)

HEAVY/LIGHT EQUIPMENT TYPES: _____

POWER TOOLS: _____

HAND TOOLS: _____

Can you work under adverse weather conditions? YES NO

PLEASE LIST THREE PROFESSIONAL REFERENCES

Name	Job Title	Company	Address	Phone

EMPLOYMENT HISTORY:

Begin with your present or most recent job. List all jobs separately including on-the-job training, volunteer work and military experience. Please be sure you describe completely in the sections below the duties performed, which demonstrate that you have the knowledge and skills to perform the duties of the job for which you are applying. If in doubt about listing a particular job, it may be to your advantage to list it. Incomplete applications will disqualify the applicant. The Borough will conduct background checks to verify information on applications.

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ___ / ___ / ___ TO ___ / ___ / ___
HOURS PER WEEK: _____
SALARY/WAGES: _____

PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER: YES NO

SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____

Did you supervise in this position: YES NO

Please indicate # of employees supervised _____ YOUTH (under 17 yrs old) _____ ADULT (18+yrs old)

REASON FOR LEAVING: _____

YOUR JOB TITLE: _____

DUTIES:

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ___ / ___ / ___ TO ___ / ___ / ___
HOURS PER WEEK: _____
SALARY/WAGES: _____

PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____

Did you supervise in this position: YES NO

Please indicate # of employees supervised _____ YOUTH (under 17 yrs old) _____ ADULT (18+yrs old)

REASON FOR LEAVING: _____

YOUR JOB TITLE: _____

DUTIES:

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ___ / ___ / ___ TO ___ / ___ / ___
HOURS PER WEEK: _____
SALARY/WAGES: _____

PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____

Did you supervise in this position: YES NO

Please indicate # of employees supervised _____ YOUTH (under 17 yrs old) _____ ADULT (18+yrs old)

REASON FOR LEAVING: _____

YOUR JOB TITLE: _____

DUTIES:

ADDITIONAL SHEETS MAY BE SUBMITTED

MILITARY SERVICE RECORD: _____

ALL APPLICANTS
Please complete
Driver Information in
Sections C & E only.
(Indicated by "**").

DL-503 (7-11)

REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at 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 68085
Harrisburg, PA 17108-8895

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: \$6.00 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

A REQUESTER INFORMATION | **B END USER OF INFORMATION BEING REQUESTED**

NAME/COMPANY
Borough of Waynesboro

ADDRESS
55-57 E. Main Street

CITY STATE ZIP CODE
Waynesboro PA 17268

DAYTIME TELEPHONE NUMBER (REQUIRED) 717-762-2101

RELATIONSHIP TO DRIVER (REQUIRED) Potential employer

SIGNATURE X

NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD

NAME/COMPANY
Borough of Waynesboro

ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence
55-57 E. Main Street

CITY STATE ZIP CODE
Waynesboro PA 17268

DAYTIME TELEPHONE NUMBER (REQUIRED) 717-762-2101

RELATIONSHIP TO DRIVER (REQUIRED) Potential employer

C DRIVER INFORMATION

NAME: LAST FIRST INITIAL

ADDRESS

CITY

STATE ZIP CODE

PHONE NUMBER

DATE OF BIRTH DRIVER NUMBER

MONTH DAY YEAR

D AFFIDAVIT OF INTENDED USE

Intended Use of the Information Requested: CHECK ONLY ONE

- B = Driver Release (Driver must complete Section E.)
- C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.)
- C = Credit Potential Investor, Server or Current Insurer (In connection with an assessment of the credit/payment risks associated with an existing credit obligation.)
- E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.)
- R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.
- 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).
- L = Attorney representing driver identified in Section C (Driver must complete Section E.)

E DRIVER RELEASE

I _____ hereby request
NAME OF DRIVER
the Department of Transportation to furnish a copy of my PA Driver's
Record to _____
NAME OF PERSON/COMPANY

X
SIGNATURE OF DRIVER DATE

I hereby Certify that _____
PRINTED NAME OF REQUESTER

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.

X
SIGNATURE OF REQUESTER

Title _____

F MICROFILM

TYPE OF DOCUMENT DATE OF VIOLATION

(see list of available documents below)

Documents Available:

- Citations
- Court Certifications
- Applications
- License Renewals
- Judgments
- Suspension Credit Affidavits
- Suspension/Revocation Letters
- Restoration Letters
- Rescind Letters
- Department Hearing or Exam Notice

NOTARIZATION

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR

X
SIGNATURE OF PERSON ADMINISTERING OATH

SEAL

SIGN IN PRESENCE OF NOTARY

MESSENGER NO.

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

CDL APPLICANTS ONLY
Please complete Personal
Information only (indicated
by "**").

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.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

NAME/ REQUESTER	Borough of Waynesboro
ADDRESS	55-57 E. Main Street P.O. Box 310
CITY/STATE/ ZIP CODE	Waynesboro, PA 17268

**FOR CENTRAL REPOSITORY USE ONLY
CONTROL NUMBER**

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

1-888-QUERYPA (1-888-783-7972)
**DO NOT SEND CASH OR PERSONAL
CHECK****

- CHECK ONE BLOCK**
- INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO:
"COMMONWEALTH OF PENNSYLVANIA"
THE FEE IS NONREFUNDABLE
 - NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$15.00, PAYABLE TO:
"COMMONWEALTH OF PENNSYLVANIA"
THE FEE IS NONREFUNDABLE
 - FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY - NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

7	1	7	-	7	6	2	-	2	1	0	1
---	---	---	---	---	---	---	---	---	---	---	---

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

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

FEEES FOR REQUESTS - \$10.00. NOTARIZED FEE REQUESTS - \$15.00.
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

REASON FOR REQUEST

- INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$15.00 FOR REQUEST)**
- | | | |
|---|--|--|
| <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 WITH A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID. SEE TERMS & CONDITIONS)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT AND REQUIRED COPY OF GOVERNMENT PHOTO ID ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919