

# MOTOR VEHICLE REPORT RELEASE

On behalf of Gettysburg College, EMPFACTS will conduct a Motor Vehicle Report which compiles all driving information including license issue date, restrictions, accidents, violations, suspensions, etc. This information may be used to determine your suitability to operate motor vehicles on behalf of Gettysburg College.

**You will receive a letter in the mail from the Pennsylvania Department of Transportation indicating that your driving record has been sent to the Credit Bureau of York.**

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from EMPFACTS and, in that event, upon your written request, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act".

Please complete and sign the form which follows, authorizing, without reservation, any party, including, but not limited to, consumer reporting agencies, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by EMPFACTS to furnish any or all of the above mentioned information. Your authorization releases EMPFACTS from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, and other persons, who, in good faith, provide to EMPFACTS the above mentioned information as requested, in order to successfully complete a background investigation. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

PRINT FULL NAME \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_ OTHER NAMES USED \_\_\_\_\_

YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_ \*

CURRENT STREET ADDRESS \_\_\_\_\_

CURRENT CITY, STATE, ZIP: \_\_\_\_\_

CURRENT DRIVERS LICENSE # \_\_\_\_\_ STATE DL ISSUED: \_\_\_\_\_

PLEASE INDICATE THE LAST THREE STATES OF RESIDENCE AND DRIVERS LICENSE NUMBER FOR EACH STATE. *If unsure, you may call the State's Dept. of Transportation to obtain this information: \*\**

STATE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DL #: \_\_\_\_\_

STATE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DL #: \_\_\_\_\_

STATE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DL #: \_\_\_\_\_

OFFICIAL USE ONLY	
YES	NO
_____	_____
_____	_____
_____	_____

SIGNATURE: \_\_\_\_\_

<p><b>Supervisor completes this section (for non-faculty):</b></p> <p>This employee <u>must</u> drive as a part of his/her job:    yes _____    no _____</p> <p>Supervisor's Name (Print): _____    Supervisor's Signature: _____</p>
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\* Must have a drivers license for a least two years to drive on behalf of the College  
\*\* Additional states will be checked as appropriate to complete a comprehensive Motor Vehicle check  
\*\*\*Use only as required

Revised 09/07

**PLEASE RETURN TO MARY ANN REMALEY, BOX 392 OR FAX 337-8566**