



TransNet
SUBURBAN TRANSIT NETWORK, INC.

EMPLOYMENT APPLICATION

Tri County Transit

TransNet Carrier

Name: _____
Last First M.I. Date

Address: _____
Number Street City State Zip Code

Phone Number: () _____

Social Security Number: _____

How long have you lived at the above address? _____

If less than 2 years in PA list previous address: _____

Position applied for: _____

Are you interested in (Check all that apply):

Part Time
Day Shift

Full Time
Night Shift

Have you filed an application here before? Yes No When? _____

Have you been employed here before? Yes No When? _____

Do you have relatives employed here? Yes No Who? _____

When are you available to start work? _____

Can you verify your legal rights to work in the U.S. by providing a birth certificate, U.S. Passport, certificate of Citizenship or naturalization, original social security card, or by some other means? Yes No

Are you able to read & write the English language? Yes No

EMPLOYMENT HISTORY:

List employers within the last 10 years, **starting with the most recent**. Give name, address, telephone number and contact person of all employers listed.

Employer Contact Person	Address & Phone Number	Position / Duties	Dates of Employment	Reason for Leaving

EDUCATION:

Name of last school attended: _____

Address: _____

Years Completed: 9 10 11 12 13 14 15 16+

Diploma or Degree: Yes No

List any additional educational experience or certifications:

REFERENCES:

List three (3) references who are not related to you. Include address and telephone number.

1. _____

2. _____

3. _____

4. _____

Have you ever been convicted of a felony, misdemeanor or summary offense?

Yes No

If Yes, explain:

If you were convicted of a felony, misdemeanor or summary offense, how long ago was it? _____
(A conviction does not necessarily disqualify you from employment.)

Please use this space to provide additional information which you did not have enough room for on the application. You may also add any comments you feel would be helpful in assisting us in arriving at an employment decision.

DRIVER INFORMATION:

Operator's License #: _____ Expiration Date: _____ Class: _____

List all driver licenses held in any state during the past seven years:

STATE :					
LICENSE # :					
EXPIRATION:					

Have you had an accident within the last 7 years? Yes No

If Yes, explain each accident below:

Dates	Location of Accident	Description	Bodily Injury	Damages \$\$	Not Chargeable

Have you had a motor vehicle violation within the last 7 years? Yes No

If Yes, explain each violation below:

List all Violations (Include Miles Per Hour)	Date of Conviction	Place of Conviction

Have you had any license suspended, revoked, or withdrawn for any reason during the past 7 years?

Yes No

If yes, explain:

Date and Period of Suspension, Revocation, or Withdrawal:	Reason:

Have you had any previous professional driving experience? Yes No

If yes, describe:

ARREST/CONVICTION REPORT AND CERTIFICATION FORM
(under Act 24 of 2011 and Act 82 of 2012)

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____/____/____

Other names by which you have been identified: _____

Section 2. Arrest or Conviction

- By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.
- By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

Details of Arrests or Convictions

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

Section 3. Child Abuse

- By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.
- By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

Section 4. Certification

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Signature

Date

LIST OF REPORTABLE OFFENSES

- **A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:**

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:
 - Chapter 25 (relating to criminal homicide)
 - Section 2702 (relating to aggravated assault)
 - Section 2709.1 (relating to stalking)
 - Section 2901 (relating to kidnapping)
 - Section 2902 (relating to unlawful restraint)
 - Section 2910 (relating to luring a child into a motor vehicle or structure)
 - Section 3121 (relating to rape)
 - Section 3122.1 (relating to statutory sexual assault)
 - Section 3123 (relating to involuntary deviate sexual intercourse)
 - Section 3124.1 (relating to sexual assault)
 - Section 3124.2 (relating to institutional sexual assault)
 - Section 3125 (relating to aggravated indecent assault)
 - Section 3126 (relating to indecent assault)
 - Section 3127 (relating to indecent exposure)
 - Section 3129 (relating to sexual intercourse with animal)
 - Section 4302 (relating to incest)
 - Section 4303 (relating to concealing death of child)
 - Section 4304 (relating to endangering welfare of children)
 - Section 4305 (relating to dealing in infant children)
 - A felony offense under section 5902(b) (relating to prostitution and related offenses)
 - Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
 - Section 6301(a)(1) (relating to corruption of minors)
 - Section 6312 (relating to sexual abuse of children)
 - Section 6318 (relating to unlawful contact with minor)
 - Section 6319 (relating to solicitation of minors to traffic drugs)
 - Section 6320 (relating to sexual exploitation of children)
- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act."
- (3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
 - the United States; or
 - one of its territories or possessions; or
 - another state; or
 - the District of Columbia; or
 - the Commonwealth of Puerto Rico; or
 - a foreign nation; or
 - under a former law of this Commonwealth.

- **A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:**

- (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
- (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
- (3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

- | | |
|--|--|
| <input type="checkbox"/> Foster parent
<input type="checkbox"/> Prospective adoptive parent
<input type="checkbox"/> Employee of child care services
<input type="checkbox"/> School employee governed by the Public School Code
<input type="checkbox"/> School employee not governed by the Public School Code
<input type="checkbox"/> Self-employed provider of child-care services in a family child-care home
<input checked="" type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service
<input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program
<input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children
<p>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</p> <input type="checkbox"/> Big Brother/Big Sister and/or affiliate
<input type="checkbox"/> Domestic violence shelter and/or affiliate
<input type="checkbox"/> Rape crisis center and/or affiliate
<input type="checkbox"/> Other: _____
<input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below) |
|--|--|

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

AGENCY/ORGANIZATION NAME:	PAYMENT AUTHORIZATION CODE, IF APPLICABLE:
<input checked="" type="checkbox"/> Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.	

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1 Suburban Transit Network, Inc
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2 980 Harvest Drive Suite 100
CITY	CITY	CITY Blue Bell
COUNTY	COUNTY	COUNTY Montgomery
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE Pa
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE 19422
COUNTRY	COUNTRY	COUNTRY USA
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION Tamika Davis

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		
tdavis@suburbantransit.org		

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)			
Name (First, Middle, Last)	Relationship	Present Age	Gender
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE
DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #



CHILDLINE AND ABUSE REGISTRY
P.O. BOX 8170
HARRISBURG, PENNSYLVANIA 17105-8170

**CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION**

I, (_____), hereby authorize the PA Department of Human Services, ChildLine to
Applicant's Name
release my Pennsylvania Child Abuse History Clearance Information directly to (Suburban Transit Network Inc).
Name of Requesting Agency

I understand that this information is confidential in nature pursuant to §6339 (relating to information in confidential reports)
of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and is not otherwise to be released by

(Suburban Transit Network Inc) without my expressed authorization or pursuant to Section 3490.126 of
Name of Requesting Agency

Title 55 of the Pennsylvania Code which states this information is confidential and the requesting agency can be held
criminally liable for a breach of confidentiality related to release of this information. **I also understand that the**

forementioned information will not be released directly to me (_____) as stated
Applicant's Name

on the Pennsylvania Child Abuse History Certification application. I understand that I will not receive a copy

of my Pennsylvania Child Abuse History Certification directly from ChildLine; however, I may request a copy of

my Pennsylvania Child Abuse History Certification from (Suburban Transit Network Inc) upon written request.
Name of Requesting Agency

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further
understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Certification application
as it otherwise relates to this consent. Further I understand that if I am listed in the statewide database for child abuse
that my consent allows the result stating such information to be shared with the agency/organization noted on next page.

Please send my certification result(s) to:

Agency Name: SUBURBAN TRANSIT NETWORK, INC

Agency Street Address: 980 HARVEST DRIVE SUITE 100

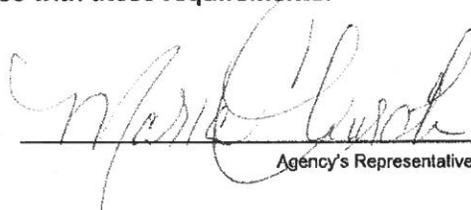
Agency City, State, Zip Code: BLUE BELL, PA 19422

Date

Applicant's Signature

As the agency/organization representative, I understand that, except for the subject of a report, persons who receive this information are subject to the confidentiality provisions of the CPSL and 55 Pa. Code, Chapter 3490 and are required to ensure the confidentiality and security of the information and are liable for civil and criminal penalties for releasing information to persons who are not permitted access to this information. I agree to receive and maintain this information in accordance with these requirements.

Date



Agency's Representative Signature

NOTE: IF THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION FORM/APPLICATION (CY 113) IS NOT COMPLETED ACCURATELY OR IF IT IS INCOMPLETE, THE CY 113 WILL BE RETURNED TO THE APPLICANT AND NOT BACK TO A THIRD PARTY.

Revised 12-29-15

**COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(under Act 168 of 2014)**

(Hiring school entity or independent contractor submits this form to ALL current employer(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children)

To:	Name of Current or Former Employer:	<input type="checkbox"/> No applicable employment
	Street Address:	
	City, State, Zip:	
	Telephone Number:	

The named applicant is under consideration for a position with our entity. The Pennsylvania General Assembly has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the Commonwealth's students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within 20 business days as required by Act 168 of 2014.

SECTION 1: APPLICANT CERTIFICATION AND RELEASE (TO BE COMPLETED BY THE APPLICANT EVEN IF THE APPLICANT HAS NO CURRENT OR PRIOR EMPLOYMENT TO DISCLOSE)

Applicant's Name (First, Middle, Last):	
Any former names by which the Applicant has been identified:	
DOB:	
Last 4 digits of Applicant's Social Security Number:	PPID (if applicable):
Approximate dates of employment with the entity listed above:	
Position(s):	

Have you (Applicant) ever:

Yes No Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes No Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any willful failure to disclose the information

required, shall subject me to criminal prosecution under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and to discipline up to, and including, termination or denial of employment, and may subject me to civil penalties and disciplinary action under the Educator Discipline Act. I also hereby authorize the above-named employer to release to the entity listed on page 3, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records.

Signature of Applicant

Date

SECTION 2: CURRENT/FORMER EMPLOYER VERIFICATION (TO BE COMPLETED BY THE APPLICANT'S CURRENT EMPLOYER(S) AND ALL FORMER EMPLOYERS THAT WERE SCHOOL ENTITIES AND/OR WHERE THE APPLICANT HAD DIRECT CONTACT WITH CHILDREN)

Employing Entity receipt date _____ Received by _____
Contact telephone # _____

Dates of employment of Applicant: _____

To the best of your knowledge, has Applicant ever:

Yes No Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes No Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

Former Employer Representative Signature and Title

Date

Pursuant to Act 168, an employer, school entity, administrator, and/or independent contractor that provides information or records about a current or former employee or applicant shall be immune from criminal liability under the CPSL, the Educator Discipline Act, and from civil liability for the disclosure of the information, unless the information or records provided were knowingly false. Such immunity shall be in addition to and not in limitation of any other immunity provided by law or any absolute or conditional privileges applicable to such disclosure by the virtue of the circumstances of the applicant's consent thereto.

Under Act 168, the wilful failure to respond to or provide the information and records as requested may result in civil penalties and/or professional discipline, where applicable.

Return all completed information to:

School Entity: <i>Tri County Transit Service, Inc.</i>	
Address: <i>110 Industrial Pkwy</i>	Phone: <i>610-495-5640</i>
State: <i>Sanatoga, PA</i> Zip: <i>19464</i>	Fax: <i>610-495-5678</i>

CONSENT FORM FOR
ALCOHOL AND DRUG SCREENING

NAME: _____
(Please Print)

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____
Street

City State Zip

I freely consent to tests of my urine for evidence of marijuana, cocaine, amphetamine, opioids, PCP or any other controlled substance. I freely consent to tests of my breath for evidence of alcohol.

I also consent to the release of test results and other relevant medical information to Suburban Transit Network, Inc. management, TransNet Subcontractor, designated collection site, the designated Medical Review Officer, and DSI Medical Services, Inc. Further, I release Suburban Transit Network, Inc., TransNet Subcontractor, designated collection site(s), DSI Medical Services, Inc., designated laboratories, and their officers, directors and agents, from any and all liability to me which they might otherwise have arising out of or related to such testing or their reporting of the test results to Suburban Transit Network, Inc. management or to other persons permitted or required by law or regulation to receive such information.

AGREED:

Signature Date Time

REFUSED:

Signature

Reasons for Refusal:

Signature Date Time

Witness Signature Date Time 12/17
15.

Criminal History Record Authorization Form

I request that Suburban Transit Network, Inc. obtain my Criminal History Record and I grant permission for Suburban Transit Network, Inc. to share the record and the information contained in the record with my employer or potential employer, being a member carrier of Suburban Transit Network, Inc. or with any agency requiring such information as part of a transportation service contract or agreement.

I agree that Suburban Transit Network, Inc. shall not be responsible for any actions taken by anyone as a result of the use of the information contained within my Criminal History Record. I release Suburban Transit Network, Inc. and will hold Suburban Transit Network, Inc., its employees and representatives, free of any liability arising from Suburban Transit Network, Inc. obtaining and/or providing this information to my employer, potential employer, or agency for which transportation services are provided. Also, I grant Suburban Transit Network, Inc. continued permission to obtain my Criminal History Record until such time as I notify Suburban Transit Network, Inc. in writing by certified mail return receipt requested that permission is withdrawn.

Applicant: _____

Carrier: Tri County

Social Security #: _____

Date of Birth: _____

Signature: _____

Date: _____

Motor Vehicle Driving Record Authorization Form

I request that Suburban Transit Network, Inc. obtain my Motor Vehicle Driving Record and I grant permission for Suburban Transit Network, Inc. to share the record and the information contained in the record with my employer or potential employer, being a member carrier of Suburban Transit Network, Inc.

I agree that Suburban Transit Network, Inc. shall not be responsible for any actions taken by anyone as a result of the use of the information contained within my Motor Vehicle Records. I release Suburban Transit Network, Inc. and will hold Suburban Transit Network, Inc., its employees and representatives, free of any liability arising from Suburban Transit Network, Inc. obtaining and/or providing this information to my employer or potential employer for employment purposes. Also, I grant Suburban Transit Network, Inc. continued permission to obtain my Motor Vehicle Driving Records until such time as I notify Suburban Transit Network, Inc. in writing by certified mail return receipt requested that permission is withdrawn.

Applicant: _____

Carrier: Tri County

License #: _____

State: _____

Date of Birth: _____

Signature: _____

Date: _____

MOTOR VEHICLE DRIVING RECORD AUTHORIZATION FORM

I REQUEST THAT TRX INSURANCE SERVICES, INC. OBTAIN MY MOTOR VEHICLE DRIVING RECORDS AND I GRANT PERMISSION FOR TRX TO SHARE THE RECORDS AND THE INFORMATION CONTAINED IN THE RECORDS WITH THE PERSON OR COMPANY WITH WHOM:

- (1) I AM EMPLOYED**
- (2) I AM APPLYING FOR EMPLOYMENT; OR**
- (3) I AM AN INDEPENDENT CONTRACTOR; OR**
- (4) I AM APPLYING FOR A POSITION AS AN INDEPENDENT CONTRACTOR**

ALSO, I GRANT TRX PERMISSION TO SHARE THE RECORDS AND THE INFORMATION CONTAINED IN THE RECORDS WITH ANY AND ALL PERSONS OR COMPANIES THAT MAY HAVE AN INTEREST IN MY INSURABILITY AS A DRIVER INCLUDING, FOR EXAMPLE, INSURANCE COMPANIES AND INSURANCE BROKERS.

I AGREE THAT TRX SHALL NOT BE RESPONSIBLE FOR ANY ACTIONS TAKEN BY ANYONE AS A RESULT OF THE USE OF THE INFORMATION CONTAINED WITHIN MY MOTOR VEHICLE RECORDS. I RELEASE TRX AND WILL HOLD TRX, ITS EMPLOYEES AND REPRESENTATIVES, FREE OF ANY LIABILITY ARISING FROM TRX OBTAINING AND/OR PROVIDING THIS INFORMATION FOR THESE PURPOSES. ALSO, I GRANT TRX CONTINUED PERMISSION FOR ALL OF THE ABOVE UNTIL SUCH TIME AS I NOTIFY TRX IN WRITING BY CERTIFIED MAIL RETURN RECEIPT REQUESTED THAT THE PERMISSION IS WITHDRAWN.

APPLICANT:

DRIVERS LICENSE NUMBER: _____ **STATE OF ISSUE:** _____

DATE OF BIRTH: _____

SIGNATURE: _____ **DATE:** _____

INFORMATION REQUIRED FOR FINGERPRINTING

Demographics

First Name: _____

Middle Name: _____

Last Name: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Phone: (_____) _____

Citizenship

Country of Birth: _____

City of Birth: _____

If born in the US, list state: _____

Country of Citizenship: _____

Have you ever had an alias? Yes **OR** No

If answered yes, please give names _____

Is your mailing address the same as your residential address? Yes **OR** No

Personal Information

Height: _____ ' _____ "

Weight: _____

Hair Color: _____

Eye Color: _____

Gender: Male
 Female

Race: White (includes Hispanic and Latino) Asian
 Black American Native
 Unknown Other _____

Ethnicity: Hispanic
 Non Hispanic

Mailing Address: _____

(City) (State) (Zip Code)

Residential: _____

(City) (State) (Zip Code)