



Private Driver Training School – Professional Staff Application or Termination of Employment Form

Please be advised that incomplete applications may be returned to the school and may result in a delay or denial of licensure. Please type or print in blue or black ink. Submit the completed application to the following address:

Pennsylvania Department of Education
Private Driver Training Schools
333 Market Street, 3rd Floor
Harrisburg, PA 17126-0333

You MUST submit the following information with this application:

- _____ A recent photograph of the applicant
- _____ Certified check or money order made payable to the “Pennsylvania Department of Revenue” to cover the appropriate fee:
 - Initial teacher application with a driving school.....\$30
 - Initial agent application with a driving school\$5
- _____ A list of names, addresses and daytime telephone numbers of three persons serving as character references for the applicant, none of whom are related to the applicant or are in any way connected to the school in which the applicant is seeking employment.
- _____ Applicant’s original 3-Year Driving Abstract from the Pennsylvania Department of Transportation
- _____ A copy of the applicant’s Pennsylvania Child Abuse History Clearance from the Department of Human Services
- _____ Applicant’s original Pennsylvania State Police Criminal Record Check
- _____ Applicant’s 3M Cogent Unofficial Copy of the Results of your Federal Criminal History Background Check (for more information related to background checks, please see instructions on the Safety and Driver Education website)
- _____ A copy of applicant’s valid Pennsylvania Teaching Certificate, showing certification in Driver and Safety Education, if requesting exemption from the theoretical and practical examinations.

Private Driver Training School Information

You MUST complete all blanks. Address of school should be the mailing address. Other locations should be noted in the section titled "Requesting Approval to Provide."

Name of School _____ Reporting Code _____

Address of School _____
(Street) (City) (ZIP Code)

County _____ Phone # _____ - _____
(Area Code)

Email Address _____

Name of Owner/Driving School Director _____
(Must have two years of successful experience teaching driver education)

School Website (if applicable) _____

Applicant Information - Please check the appropriate position(s):

_____ Agent _____ Driving School Director _____ Teacher (behind-the-wheel) _____ Teacher (theory)

Name _____ Driver's ID # _____

Home Address _____
(Street) (City) (ZIP Code)

Email Address _____ Phone # _____ - _____
(Area Code)

Driving Information for Teacher Applicants and Driving School Directors - Check one:

_____ I certify that I have driven a distance of 15,000 miles under all kinds of weather conditions in both urban and rural areas as an unpaid licensed operator of a motor vehicle.

_____ I have attached statements from previous or current employers, in affidavit form, attesting that I have driven a combined distance of 15,000 miles under all kinds of weather conditions in both urban and rural areas as a paid licensed operator of a motor vehicle.

Education for Teacher Applicants and Driving School Directors

Name of Institution	City and State Located	Diploma/Degree Granted	Dates Attended (Month/Year)
High School			
College/University			
College/University			

Teaching Information or Work Experience for Teacher Applicants and Driving School Directors

Name of Employer	City and State Located	Position Held	Subjects Taught	Dates Attended (Month/Year)
Current or Most Recent				
Previous				
Previous				

Teaching Certificate Issued by the Pennsylvania Department of Education (if applicable)

Certificate # _____ Date Issued _____

Subjects Listed _____

Evidence of Employment

I request that this applicant, as indicated above, be licensed for employment with my private driver training school.

Name of Owner, Driving School Director or Chief Executive Officer

Signature of Owner, Driving School Director or Chief Executive Officer

Health Certificate for Professional Staff

I certify that I am a physician legally qualified to practice medicine in the Commonwealth of Pennsylvania and that I have examined the applicant and find said applicant neither mentally nor physically disqualified by reason of tuberculosis, or any other chronic or acute defect from performing the duties of a driver education teacher or agent of a driving school.

Examining Physician's Information:

Address _____
(Street) (City) (Zip Code)

Phone # _____ - _____ License Number: _____
(Area Code)

Name _____ (Print)

(Signature)

Good Moral Character Analysis: All PDTS professional staff must be “of good moral character.” See 24 P.S. § 2834(2) (a); 22 Pa. Code § 101.142(1). Answer Yes or No to the following questions.

Have you ever been the subject of a child abuse investigation or report in this state or any other state, territory or country? _____ Yes or _____ No

Are you currently the subject of any misconduct investigation by an employer? _____ Yes or _____ No

Have you ever resigned from or otherwise left any employment (e.g., settlement agreement) while allegations of misconduct were pending, or under investigation? _____ Yes or _____ No

Is there disciplinary action pending by a licensing agency in this state or any other state, territory or country? _____ Yes or _____ No

Have you ever had any certificate or license for any profession denied revoked, suspended, surrendered, or received public reprimand in this state or any other state, territory or country? _____ Yes or _____ No

Have you ever been convicted of a crime classified as a misdemeanor or felony in this state or any other state, territory or country? _____ Yes or _____ No

Are criminal charges pending against you, or are you the subject of an inquiry or investigation by a law enforcement agency in this state or any other state, territory or county? _____ Yes or _____ No

If This Is A Termination of Employment Form Please Check One of the Following Statements, Provide the Information Requested in this Box and Complete the Following Section Entitled Private Driver Training School

_____ Teacher's identification card is attached OR _____ Teacher did not return the identification card

Name of Terminated Employee _____

Address of Terminated Employee _____
(Street) (City) (ZIP Code)

Date of Termination: _____

Signature of Owner, Driving School Director or Chief Executive Officer

Affidavit

Please be certain that proper signatures are provided and that the application is notarized.

I certify that I am of good moral character and at least 18 years of age.

I certify that the foregoing statements are true and correct to the best of my knowledge and belief. I have read the Private Driver Training Schools Act, 24 P.S. § 2831 et seq., and supporting regulations found at 22 Pa. Code, Chapter 101 and certify that I will comply with all requirements.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature of Notary

DEPARTMENT USE ONLY

Date Received: _____

Check/Money Order #: _____ Amount: \$ _____ Log #: _____

Date Receipt Letter Mailed: _____ Date Test Scheduled: _____

Date Passed: _____ Date ID Cards Mailed: _____