



Driver Education – Teacher Aide Application

Please be advised that incomplete applications may be returned 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
School Safety Education Advisor
333 Market Street, 5th. Floor
Harrisburg, Pa. 17126-0333

Place a Check Mark by Each Item That You Are Submitting with This Application

A recent photograph of the applicant.

Applicant's original Three-Year Driving Abstract from the Pennsylvania Department of Transportation or from the Department of Motor Vehicles in the state where the applicant is licensed. **Note:** Applicant must have a motor vehicle operator's record free of violation of *The Vehicle Code* and other traffic laws and free of accidents, per Section 1519 of the Pennsylvania Public School Code.

An official university or college transcript.

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 Unofficial Copy of the Results of your Federal Criminal History Background Check Use Code 1KG6XN (*for more information related to background checks, please see instructions on the Driver and Safety Education website*)

School Information

Name of School:

Address of School:

(Street)

(City)

(ZIP Code)

County:

Phone Number:

Applicant Information

Name:

Social Security Number:

Home Address:

(Street)

(City)

(ZIP Code)

Home Phone Number:

Day Phone Number:

Driver's License Number:

State Issued:

Date of Birth:

Are you a U.S. Citizen? Yes

No

Good Moral Character Analysis

All paraprofessionals must be "of good moral character." Please 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

No

Are you currently the subject of any misconduct investigation by an employer?

Yes

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

No

Is there disciplinary action pending by a licensing agency in this state or any other state, territory, or country?

Yes

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

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

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 country?

Yes

No

Education for Teacher Aide Applicant

Did you graduate from High School? Yes No

Name of High School:

Address of High School:

(Street)

(City)

(ZIP Code)

Phone Number of High School or School District:

How many university credits did you earn in driver and safety education?

Name of University

Address

(Street)

(City)

(ZIP Code)

Phone Number:

Health Certificate for Driver Education Teacher Aide Applicant

I certify that I am a physician legally qualified to practice medicine in the commonwealth of Pennsylvania. 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.

Examining Physician's Information:

Address

(Street)

(City)

(ZIP Code)

Phone Number:

License Number: _____

Examining Physician's Name: _____
(Print)

(Signature)

Affidavit

I certify that the foregoing statements are true and correct to the best of my knowledge and belief, and I certify that I am of good moral character. Subscribed and Sworn to before me this _____ day of _____, 20_____

Signature of Applicant: _____

Signature of Notary: _____

Certification by Superintendent or Chief Administrative Officer

I certify that the above-named school is interested in hiring the applicant as a driver education teacher aide and request that the applicant be approved. I certify that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature of Superintendent or Chief Administrative Officer

Date

DEPARTMENT USE ONLY

Date Received: _____

Date Scheduled for the Written Test: _____

Date Written Test Was Passed: _____

Date Driving Test Was Passed: _____

Date Provisional Letter Was Issued: _____

Date Letter of Eligibility Was Issued: _____