

## Employee Authorization Allowing Employer to Obtain Driver License Reports from State Driver License Agencies

I understand that this employer intends to regularly obtain, during the course of my employment, my driver's license record from the state driver license agency which issued my current driver's license for employment purposes as authorized by Section 604(a)(3)(B) of the federal Fair Credit Reporting Act (FCRA).

As required by Section 604(a)(2) of the FCRA, by signing the "Employee Signature" line below, I hereby authorize this employer (or its authorized agents) to obtain my driver license report any time during my employment. Any copy of this signed authorization shall be as valid as the original.

DISCLOSURES: I also agree that any and all disputes arising from this employer's use of this information shall be brought only in state or federal court in the Commonwealth of Pennsylvania, and shall be governed by, and construed in accordance with, the laws of the Commonwealth of Pennsylvania.

I understand that this employer may use the information provided by such state driver license agency in determining whether to continue employment based on the findings of such report. I further understand that, if this employer takes any adverse action (such as terminating my employment) based in whole or in part on this information, the employer shall provide to me the information required by Section 615 of the FCRA.

Print Employer Name: \_\_\_\_\_

Print Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

State Which Issued Driver's License: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*NOTE: This original, signed form, and any information that is disclosed to the employer as a result of its use, must be maintained in this employee's personnel file and remain confidential.*