COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF EDUCATION
Driver Education
Teacher Aide Application PDE-283 (4-2005)

Submit the signed and notarized application to: Pennsylvania Department of Education, School Safety Education Office, Eighth Floor, 333 Market Street, Harrisburg, PA 17126-0333.

Place a check 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 "The Vehicle Code" and other traffic laws and free of accidents, per Section 1519 of the PA Public School Code.
____ An official university or college transcript.

School Information. Please type or print in ink.

Name of School_____

Address of School_____
(Street) (City) (Zip Code)

County _____Phone Number _____-_____
(Area Code)

Applicant information: Please type or print in ink. E-Mail (optional) _____

Name _____ Social Security Number _____

Home Address_____
(Street) (City) (Zip Code)

Home Phone Number _____-_____Day Phone Number _____-_____
(Area Code) (Area Code)

Driver's License Number _____ State Issued _____

Date of Birth _____ Are you an U.S. Citizen? Yes _____ NO _____

DEPARTMENT USE ONLY **DATE RECEIVED**

Date scheduled for the written test _____

Date written test was passed _____

Date the driving test was passed _____

Letter of Eligibility _____
(Date Issued)

Provisional Letter of Eligibility _____
(Date Issued)

Health Certificate for Driver Education Teacher Aide Applicant. Please type or print in ink.

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 nor any other chronic or acute defect from performing the duties of a driver education teacher.

Examining Physician's Information:

License Number _____

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

Phone Number _____-_____
(Area Code)

Examining Physician's Name _____ _____
(Print) (Signature)

Education for teacher aide applicant. Please type or print in ink.

Did you graduate from high school? Yes _____ NO _____

Name of High School_____

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

Phone Number _____-_____
(Area Code)

How many university credits did you earn in Driver and Safety Education? _____

Name of University _____

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

Phone Number _____-_____
(Area Code)

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 (CAO):

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 CAO *Date*