

Motor Vehicle Record Release

I understand that driving an _____ vehicle (or my own vehicle as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment.

I agree to allow _____ to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to _____'s President/Owner within 24 hours after they occur.

I understand that _____, its employees and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

Print Name

Driver's License Number

State of License

Signature

Date