

DRIVER CHECK REQUEST AND RELEASE FROM LIABILITY

I understand that driving an agency vehicle or my own vehicle on agency business is a requirement of the position I am applying for or currently hold and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow People's Place to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions/revocations, accidents, driving offenses, or any other condition that may affect my ability to drive an agency vehicle or my own vehicle on agency business, to my supervisor immediately.

I agree to submit a copy of my current insurance card(s) for automobiles which I may drive on agency business. A copy of the insurance card(s) will accompany this form. I agree to report changes to my insurance within one week of the change. I authorize People's Place to verify that my personal vehicle(s) is currently insured.

I understand that People's Place will use this information for employment purposes only and not furnish this information to a third party without my written consent.

I agree to release People's Place its employees and those who supplied People's Place 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.

NAME

DATE OF BIRTH

DRIVER'S LICENSE NUMBER

STATE OF LICENSE

AUTO INSURANCE COMPANY

POLICY NUMBER

INS. EXPIRATION DATE

Will drive agency vehicle
or client. Y N

SIGNATURE

DATE

PLEASE REMEMBER TO ATTACH COPY OF CARD(S)