

## 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 for which I am applying 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 medical conditions, 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 furnish driving-related information from liability for damage resulting from the release of said information, including my failure to be hired for the position to which I am applying.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
AUTO INSURANCE COMPANY

\_\_\_\_\_  
POLICY NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE REMEMBER TO ATTACH COPY OF CARD(S)**