



Attachment A
Authorization for DMV Check

To: Payroll/Benefits Department

I understand that I may be required to operate a vehicle in the course of my employment and that this responsibility requires that I maintain a valid driver's license and safe driving record acceptable to the Company.

I hereby authorize the Company to periodically check my driver's license and motor vehicle record as part of its ongoing efforts to maintain safe working conditions and its role in the community as a responsible employer. I understand that I must immediately report to my manager any traffic violations/infractions or suspension or revocation of my driver's license (and provide an annual certification, as well.)

I understand Company Policy states that "no associate shall engage in personal use of a Company vehicle or drive a Company vehicle at any time, unless the associate is in a work status, on-duty and performing Company work or receives authorization from his/her applicable manager or vice president.

I understand that if I commit any driving-related infraction or engage in unauthorized personal use of a Company vehicle, I will be subject to disciplinary action (up to and including termination).

Signed: _____
(Associate)

Date: _____

Witnessed: _____
(Manager, Supervisor)

Date: _____

Complete the information below for the preceding 3 years of every State in which applicant-driver has held a motor vehicle operator's license or permit during those 3 years:

Name - First, Middle Initial, Last

Date of Birth

Current License Identification Number

Current State License Issued

Date Issued

Expiration Date

Previous License Identification Number

Previous State License Issued

Date Issued

Expiration Date

System Location Name

Social Security Number

NOTE: Attach a photocopy of the current valid Driver's License.
