

AUTHORIZATION TO REQUEST DRIVING RECORD

Employee # _____

Name _____
PLEASE PRINT (last) (first) (middle)

Driver's License # _____
State where license issued _____

Address _____
(street) (city) (state) (zip)

Job Title _____ Department _____ Hire Date _____

Vehicles driven for County business (circle all that apply) car van truck (type) _____ other (identify) _____

Driving Record

1. At-fault accidents for the past three years. Check here if **None** ()

Date	Description and citations issued
_____	_____
_____	_____

2. Moving violations or convictions (exclude parking tickets) for the past three years. Check here if **None** ()

Date	Description and citations issued
_____	_____
_____	_____

3. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____
If yes, please explain below.

4. Has any driver's license, permit, or privilege ever been suspended or revoked? Yes _____ No _____
If yes, please explain below.

I authorize Washoe County to request and obtain information from the Department of Motor Vehicles pertaining to my driving record for the past three (3) years. Information obtained from a driving record report will be used to determine my ability to drive for the County according to the acceptable driving standards within the Driver Policy, and may affect my employment.

I hereby certify that the foregoing information is true and correct to the best of my belief. I understand that falsification of any information may be grounds for denial of employment, my ability to drive on County business, or disciplinary action up to and including termination of employment, if employed.

A copy of the driving record report, may be made available to my Department Head, or designee, Risk Management, the Safety Committee, and/or Human Resources, will be retained by the County, and may be included in my personnel file. I have the ability to receive a copy of the driving record report by indicating below.

___ Yes, provide me a copy of the report obtained from the Department of Motor Vehicles

___ No, I am not requesting a copy of the report obtained from the Department of Motor Vehicles at this time

Signed _____

Date _____