



The Confederated Tribes of Warm Springs

Employment Driving Record Release Form

Employee Acknowledgement

I have read and understand the Confederated Tribes of Warm Springs (CTWS) Vehicle Policy, and I agree to abide by its terms. In the event my driver's license is revoked or suspended, I agree to immediately discontinue operation of the vehicle and notify my supervisor. I also agree to notify my supervisor immediately of ALL driving violations/citations that I incur. I acknowledge that falsification of this statement will result in loss of privileges as well as discipline and may include termination of employment.

Employee initial: _____

Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize without reservation, any party or agency contracted to furnish the above-mentioned information to Brown and Brown Northwest or its agent.

I hereby authorize procurement of my motor vehicle report. This authorization shall remain on file and shall serve as ongoing authorization for CTWS to procure such reports at any time during my employment to evaluate my insurability.

Department Supervisor

Printed Full Name (including Middle Initial)

Date of Birth

Driver License Number

State of Issuance

Expiration Date

Signature

Date

*****THIS SPACE RESERVED FOR WSPD COMMENTS*****

VALID: JAN FEB MAR APR MAY JUN JULY AUG SEP OCT NOV DEC

YES: _____

NO: _____