



COMPANY NAME:
LOCATION / DEPT:

Motor Vehicle Driving Record Check Authorization

After carefully reading the MVR Check Disclosure form, I authorize the Company to order my MV report.

I also authorize all agencies to disclose to SEG and its agents all information about or concerning me and motor vehicle records.

I agree the Company may rely on this authorization to order MV reports, other than SEG without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty may disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Full name as it appears on license: _____
Last First Middle

Previously used name: _____ Dates Used: _____

Social Security #: _____ Drivers License #: _____ State: _____

FOR IDENTIFICATION PURPOSES ONLY:	Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other
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Current address: _____
Street City State Zip

Length of time at current address: _____ Below, please list **cities and states** of residence for the past **ten years**:

<div style="display: flex; justify-content: space-between;">CityStateDates</div>	<div style="display: flex; justify-content: space-between;">CityStateDates</div>
<div style="display: flex; justify-content: space-between;">CityStateDates</div>	<div style="display: flex; justify-content: space-between;">CityStateDates</div>
<div style="display: flex; justify-content: space-between;">CityStateDates</div>	<div style="display: flex; justify-content: space-between;">CityStateDates</div>

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your report: <input type="checkbox"/>
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Signature: _____ **Date:** _____

For contact purposes only: Email address: _____ Phone #: _____