



Motor Vehicle Report Request

To: Transportation Department

Please Print Here

Full Name <i>(as it appears on license):</i>	
Date of Birth:	
Driver's License Number:	
State Issued:	
Social Security Number:	
Date of Expiration:	

I hereby authorize Clearbrook to verify my personal driving record with the State Department of Motor Vehicles. I understand that if the response is negative, I will not have fulfilled the requirements of the job description. Furthermore, I understand that my continued driving privilege with Clearbrook is contingent upon maintaining a driving record acceptable to company standards and that my record can be periodically checked.

I understand the importance of safety and agree to the following safety policies while working:

1. To obey all traffic laws at all times.
2. To always drive courteously and practice defensive driving techniques.
3. To only drive agency vehicles after immediate supervisor has confirmed my driving record with agency's insurance carrier.
4. To wear my safety belt at all times.
5. To never drive after having consumed drugs or alcohol.
6. To notify my immediate supervisor when I have received a moving violation or have been arrested for any driving related offense.
7. To notify my immediate supervisor when my driving privileges have been suspended, revoked, or restricted.
8. To promptly report to my supervisor any incident involving the use of a vehicle while I am working, whether or not it results in any injury to any person or damage to any vehicle or other property, and regardless of whom I believe is at fault.
9. To follow all provisions of the Clearbrook Transportation Policy.

I certify that all information given on this form is true and complete.

Employee's Signature: _____ Date: _____

Department: _____

This person will be an authorized gas purchaser. Yes _____ No _____

Supervisor's Signature: _____ Date: _____

Please attach a copy of the employee's **driver's license**.