

UMATILLA MORROW HEAD START, Inc.
AUTHORIZATION TO OBTAIN MOTOR VEHICLE REPORT

I have applied for employment with Umatilla Morrow Head Start. Because the position I am applying for may require that I drive a vehicle on behalf of Umatilla Morrow County Head Start, (either agency or personal) I understand that my driving record must be verified by Umatilla Morrow Head Start 's insurance carrier prior to my employment.

I understand that my offer of employment is conditional upon the approval of my driving record by Umatilla Morrow Head Start's insurance carrier. I also understand that if I am offered a position with Umatilla Morrow Head Start, my driving record will be checked periodically by the insurance company.

I hereby authorize Wheatland Insurance Center Inc. and/or the insurance company for Umatilla Morrow Head Start to obtain a copy of my driving record from the Department of Motor Vehicles, and to provide information from that record to Umatilla Morrow Head Start regarding my insurability.

Signed by: _____ Date: _____

Print Name: _____

Address: _____

Date of Birth: _____ Drivers License # _____ State _____

Name of Current Insurance Company _____

Policy Expiration Date _____

Limits of Liability _____

Have you had defensive driving, school bus driver's training, etc.? _____

Please list any moving violations on your driving record for the last 5 years. _____
