

DRIVING RECORD RELEASE DOCUMENT

I (please print name) _____ by my signature below, authorize Massachusetts General Hospital/Police, Security and Outside Services to obtain and verify information contained in this application, with respect to my drivers history. I give my consent for full and complete disclosure of information about my driver's records. I agree to comply with and submit to all procedures and conditions as prescribed. I understand any information obtained may be a factor in decisions made with respect to my eligibility for employment and understand the information shall be confidential and safeguarded for its intended purpose. I further authorize to verify the information supplied on my behalf by other persons and release all persons, agencies, corporations from all liabilities and any damages that may result in the furnishing of information. I understand that failure to provide the following information and my signature on this authorization may result in disciplinary action.

To be completed by candidate/employee, please print all information legibly

Full Name _____
First Middle Last

Other Names Used _____

Social Security Number _____

Date of Birth _____

Driver License Number _____

Number and State Name as it appears on License _____

Home Address _____

City, State and Zip Code _____

Mailing Address if different _____

Phone number _____

I certify that all information contained on this application is true and complete. I authorize my employer to contact all sources and/or conduct a thorough background investigation, as necessary, to verify the information contained on this application. I am aware that should investigation at any time disclose any misrepresentation of falsification, I will not be certified for employment, or if already employed, it shall be considered sufficient cause for dismissal. I understand my employment is conditional until results are known. I further affirm that this application contains no willful misrepresentations or falsifications and that this information provided by me is true and complete to the best of my knowledge and belief.

Date: _____ Signature _____

A copy of your Valid Drivers License must be attached to this form.

Entity: _____