

Driver Background Check Authorization

I authorize the company to obtain my background check report in accordance with applicable laws and regulations as part of the driver qualification process.

Personal Information

Full Name

Date of Birth

Driver's License Number

State of Issue

Address

City

State

Zip Code

Email

Authorization & Disclosure

I acknowledge that I have read and understand this authorization and disclosure. I consent to the release of background information as required for employment or engagement as a driver.

☐

I agree and authorize the company to obtain my background check report.

Signature

Date