



MOTOR VEHICLE AUTHORIZATION

I am aware that motor vehicle reports may be obtained as part of the Town's evaluation of my employment and/or job application. I, the undersigned, hereby offer my consent and further grant my employer, or prospective employer, and its insurance representatives, permission to request, receive, review, evaluate, and maintain in their files my motor vehicle driver report or abstract of operating records including information that is normal to these reports or abstracts of the state, province, or country to which a request is made.

Please print clearly.

Name as it Appears on Driver's License:		
Driver's License Number & State:	Number:	State:
Date of Birth:		

Applicant/Employee Print Name

Applicant/Employee Signature

Date

Town Representative

Date



TOWN OF WEST SENECA DRIVER INFORMATION FORM

Driver's Information

Full Name _____

(Last)

(First)

(Middle Initial)

Address _____

(Number and Street)

(Town, State)

Date of Birth _____

(MM/DD/YYYY)

Department _____

Job Title _____

Driver's License Number:		Issuing State:
Date License Expires:		License Restrictions:
Do you have a valid CDL? (Y/N):		
How many years have you been driving:		
Passenger Autos:	Trucks/Tractors:	Mobile Equipment:

Have you ever been convicted of an alcohol or drug-related offense- with a motor vehicle? (Y/N) _____

If yes, state when, where, and the outcome:

- The Town of West Seneca will need to see your driver's license in order to track important information about your driving qualifications.
- Some positions in the Town are required to participate in a random drug testing program. If you are in one of these roles, your department head will discuss with you.
- In order to drive a Town of West Seneca vehicle, you must receive authorization from your department head.

I acknowledge that I have read this form and I certify that all the answers contained herein are true and complete to the best of my knowledge.

Signature of Employee_____
Date

Entered into LENS _____

Submitted to Insurance _____

Random List _____