EMPLOYEE/VOLUNTEER MVR CHECK (DRIVING FORM)

Church/School Name: _____

Applicant Name: _____

(First) (Middle) (Last)

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ - _____ Email: _____

DIOCESE *of* LA CROSSE

DRIVER LICENSE

LICENSE #	STATE	TYPE	EXPIRATION
		REGULAR	

During your employment/volunteering will you be driving your personal vehicle? YES: _____ NO: _____

If driving a personal vehicle, please be aware that in case of an accident, the insurance on the vehicle will be the primary coverage. The vehicle must be insured for the minimum liability limits of $100,000 per person/$300,000 per accident.

It is agreed and understood that the employer may investigate the applicant's background to ascertain all information of concern to applicant's record, whether same is of records or not, and applicant releases all employers and persons named herein from all liability for any damages on account of furnishing such information. I understand that I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport others. I agree that I will refrain from using a cell phone or any other handheld electronic device while driving.

I understand that I may not falsify or provide incomplete information in respect to any material fact on this or any other background information. I understand that any failure to provide complete information may result in a revocation of driving privileges for the Diocese/Parish/School and/or discipline and/or up to and including termination.

I understand that the information given is true and

I understand that personal information contained in my Motor Vehicle Record is protected by the federal Driver Privacy Protection Act. I hereby waive any rights I have under the DPPA and authorize the release of my driver record, including my personal information, to the Diocese of La Crosse.

APPLICANT SIGNATURE: DATE: