

DRIVER'S RECORD CHECK RELEASE AND AUTHORIZATION

New Hanover County is hereby authorized, per my signature below, to release my driving record to the New Hanover County Department of Risk Management, provided that the position(s) for which I am applying or currently hold requires that I operate either a county-owned vehicle or my own vehicle at least once a week, in the course of performing the duties and responsibilities of said position(s).

I understand that such record will be considered during the personnel selection process to a degree determined appropriate by the hiring authority in conjunction with insurance requirements and safety standards for New Hanover County. I further understand that New Hanover County may use this authorization at any time during my employment to ensure continued compliance with the safety standards of the County.

POSITION: _____

DEPARTMENT: _____

NAME OF OPERATOR: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____

DRIVER'S LICENSE NUMBER: _____

STATE: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

Requestor: WILLIAM Date: _____