

INTERLOCHEN CENTER FOR THE ARTS
SUPPLEMENTAL APPLICATION FOR SECURITY, TRANSPORTATION AND PEDESTRIAN SAFETY OFFICER

Driver Information (exactly as it appears on driver's license)

- Last Name _____ First Name _____ M.I. _____
- Address _____ City _____ State _____ Zip _____
- Drivers License Number _____
- State License Issued _____ Social Security Number ____ - ____ - ____
- Date of Birth _____ Telephone Number _____

All Motor Vehicle Report (MVR) Information obtained by Interlochen Center for the Arts is for Insurance and DOT compliance purposes only. This information is for internal and record use only. A copy of all MVR reports will be made available to any individual whose record is procured.

In connection with my employment with Interlochen Center for the Arts I understand that Interlochen Center for the Arts may request consumer reports which may contain public record information. These reports may contain public record information including but not limited to my driving record, military record and criminal record, from federal, state and other agencies, which maintain such records. This information may also include previous driving record requests made by others from such state agencies, and state provided driving records.

I authorize any party, entity, or agency contacted by Interlochen Center for the Arts to provide a complete accounting for the aforementioned information, including but not limited to motor vehicle reports, police and criminal (convictions) reports, and military or other public record.

I understand that I have the right to make a request to Interlochen Center for the Arts, upon proper identification, to request the nature and substance of all information regarding records obtained, and all files on me at the time of the request, including the sources of information; and the recipients of any reports on me which Interlochen Center for the Arts has previously furnished within the two (2) year period preceding my request. I hereby consent to Interlochen Center for the Arts obtaining the aforementioned information, and agree that such information which Interlochen Center for the Arts has or obtains, and my employment history with Interlochen Center for the Arts, if hired, may be supplied to other companies which are required to subscribe to Department of Transportation standards for safety sensitive operations.

I hereby authorize procurement of motor vehicle report(s) (MVR). If hired and while employed, this authorization shall remain on file and shall serve as ongoing authorization for Interlochen Center for the Arts to procure motor vehicle report(s) (MVR) at any time, for any reason, with or without notice, during the course of my employment with Interlochen Center for the Arts.

Employee/Applicant Signature

Print Name

Drivers License Number

Date

Witness of Signature

Date

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Office Use

- Distributed a copy of the FCRA summary to the aforementioned individual.
- Received a signed copy of the consent form.
- For CDL/DOT records and recording information.
- For non-CDL/DOT records and/or "new hire" position.
- For "new hire" CDL position.

FCRA Summary distributed by: _____ Date _____
Date MVR requested _____