Community Living Connections, Inc.
Consent For Verification of Driving Record

I consent to Community Living Connections obtaining a copy of or other information regarding my driving record. I understand that prior to verification of my driving record, I will not be allowed to operate vehicles owned or leased by CLC nor will I be allowed to transport consumers of CLC. I understand that CLC will review my driving record to determine if my driving record meets CLC and/or insurance company standards. If it does I will be authorized to drive CLC vehicles and my personal vehicle for business purposes. If it does not, I will be advised in writing.

This consent is given in compliance with the provisions of the Federal Driver=s Privacy Protection Act, 18 U.S.C. Sections 2721-2725, and shall remain in effect for as long as I am being considered for employment, or if hired, as long as I am employed by Community Living Connections.

The following information is furnished in order to allow Community Living Connections. to obtain information regarding my driving record (please print or type).

Name: _____
Last First M.I.

Other Name(s) (including maiden name, if applicable): _____

Date of Birth: _____ Driver=s License No:_____

State of Issue (if other than Wisconsin): _____ Expiration Date: _____

_____ _____
Signature Date

Community Living Connections does not discriminate on the basis of age, marital status or other protected category and the above information will only be used to obtain and verify driver=s record.