

JEWISH FAMILY SERVICE OF METROWEST

MOTOR VEHICLE RECORD CHECK AUTHORIZATION RELEASE

Name: (Print)

(First) (MI) (Last)

Social Security Number: _____ (Required for State of MA)

Driver's License Number: _____

Issuing State: _____

Date of Birth: ____ / ____ / ____

Vehicle Insurance Carrier: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Jewish Family Service of Metrowest and its designated agents and representatives to conduct a comprehensive review of my Motor Vehicle Record for employment purposes. I understand that the scope of the report may include, but is not limited to, the following areas: motor vehicle records to include traffic citations and registration and other public records.

I authorize any individual, company, firm, corporation, or public agency (including Department of Motor Vehicles) to divulge any and all information, verbal and written, pertaining to me, to Jewish Family Service of Metrowest or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have, to include information or data received from other sources.

I hereby release Jewish Family Service of Metrowest, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages whatever kind, which may at any time result to me, my heirs, family or associates because of this authorization and request to release. All information will be kept confidential and in accordance with Privacy guidelines.

I authorize Jewish Family Service of Metrowest to conduct subsequent Motor Vehicle Record checks on a yearly basis for the duration of my employment/volunteer tenure and will notify Jewish Family Service of Metrowest if there are any changes in my information.

Applicant Signature

Date _____