

RMV Driving Record Release Form

Driver's Name (Print) _____

Home Address: _____

City: _____ State: _____ Zip: _____

1. Do you have a valid Driver's License? Yes No

2. Driver's License Number: _____ Expiration Date: _____
(A photocopy of your license will need to be made and attached to this form.)

3. In what State are you licensed to drive? _____

4. If you have held a license in any other state during the past 36 months, please provide the following information:

From Date: _____ To Date: _____ State: _____

From Date: _____ To Date: _____ State: _____

From Date: _____ To Date: _____ State: _____

5. Have you received any automobile related fines or convictions in the last 5 years? Yes No
If yes, please provide details:

I certify that the answers provided to the questions on this form are true to the best of my knowledge. I understand that any misstatement of facts on this form may be grounds for termination of employment or volunteer status.

I authorize Somerville-Cambridge Elder Services or its designated representative(s) to obtain information regarding my driving record in any state at any time while employed by or seeking employment or as a volunteer with SCES.

I understand that if I am applying for a position that involves my operation of a motor vehicle, as part of my responsibilities, that any employment or volunteer offer is contingent upon my submission of a valid Massachusetts or other state driver's license and upon receipt of a driver's record acceptable to both Somerville-Cambridge Elder Services and its insurer. I also understand that receipt of a driver's record unacceptable to SCES and its insurer at any time subsequent to hire or as a volunteer may result in termination of either employment or volunteer status. Also verified is that mandatory state insurance limits are carried on my vehicle.

Driver's Signature: _____ Date: _____

Social Security #: _____ - _____ - _____ Male Female Date of Birth: _____

Representative (Print): _____