

THRESHOLDS, Inc

Authorization to Obtain Motor Vehicle Records (Driving Records)

Full name of Applicant or Employee: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Drivers License # : _____ Date of Birth: _____

Motor Vehicle Records may be obtained as part of the Thresholds, Inc. evaluation of my job application/employment. By signing this disclosure, I hereby authorize Thresholds, Inc. to procure such reports and additional driving reports about me from time to time, as it deems appropriate.

And I have authorized Thresholds, Inc. to check my driving record prior to being interviewed if applicable.

Signed: _____

Date: _____