



JOB APPLICATION ADDENDUM

Driver Registration

Our insurance company requires that all job applicants hired to drive agency vehicles submit to a motor vehicle check. Please read the following before completing this page and continuing with the application:

1. I understand that I am applying for a position requiring a Motor Vehicle Report.
2. I understand that if the Motor Vehicle Report indicates that I have an unsatisfactory driving record, I will be terminated immediately.

Information Required for Driver Registration

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Date of Birth: _____

Social Security # _____

Drivers License # _____ Expiration Date: _____

Driver Record: (Name any recent violations or accidents – in the past 5 years.)

Signature: _____

Golden Age Centers of Greater Cleveland, Inc.

Authorizing Consumer Reports and/or Driving Records to be Obtained

Name of Job Applicant/Employee

Street Address

City, State, Zip Code

Dear Golden Age Centers of Greater Cleveland, Inc.

I understand that consumer reports may be obtained as part of Golden Age Centers' evaluation of my job application/employment. The reports may be procured by Golden Age Centers' insurance agent and may include my driving record, an assessment of my insurability under Golden Age Centers' insurance coverage or other consumer reports.

By signing this disclosure, I hereby authorize Golden Age Centers to procure such reports and additional reports about me from time to time as it deems appropriate to evaluate my insurability or for other permissible purposes.

Signature of Job Applicant/Employee

Typed Name of Job Applicant/Employee