

Human Resource Department

Please complete entire form

CITY OF POCATELLO

Driving Record Release Form

I hereby authorize the City of Pocatello, Human Resources Department to review my driving record, and I authorize the Department of Motor Vehicles and any other agency or government entity with driving information to release their records to the City of Pocatello.

I understand this is a job-related requirement as I may/will be operating City vehicles if employed. I also understand that during my employment with the City, periodic checks will be made on my driving record, and I authorize the same. I understand that any convictions or plea of guilty for Driving Under the Influence of Intoxicants or Reckless Driving, *on or off the job*, or loss of full driving privileges may result in dismissal of my employment with the City of Pocatello, whether or not a withheld judgment is given.

Listed below are any moving violations I have received in the last three (3) years: (Please Print)

Date	Violations	Check here if citation issued for speeding was on an interstate hwy
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Complete Name: _____
First
Middle
Last

Current Address: _____

Previous Address: _____

Telephone Number: _____ Date of Birth _____
Month
Day
Year

Driver's License Number: _____

Social Security Number: _____

If Driver's License *not* Idaho: _____
State
Driver's License Number

If the above information is not accurate, I understand that it will be considered cause for immediate dismissal if I am hired.

Signature: _____

Date: _____