

EMPLOYER DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, and continuing employment practices, we may obtain employee driving history records. Under the provisions of the Drivers’ Privacy Protection Act of 1994 (18 U.S.C. 2721) before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation.

EMPLOYEE AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the said Drivers’ Privacy and Protection Act and all applicable federal, state and local laws. I hereby authorize and permit **Sun Valley Inc,** (employer) to obtain;

1. Records concerning any driving, criminal history, credit history, workers’ compensation (post-offer only) and drug testing.
2. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.41, information concerning alcohol and controlled substances for the past 2 years.
3. I authorize **Sun Valley Inc,** (prospective employer) to access the FMCSA pre-employment screening program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Employer from my liability that might otherwise result from the request for use of and /or disclosure of any or all of the foregoing information.

Drivers License number _____ DOB _____

Full Name printed _____

Signature _____