

DISCLOSURE AUTHORIZATION AND CONSENT FORM

PLEASE READ CAREFULLY

DISCLOSURE

Driver License Number

This document serves solely as a clear and conspicuous written disclosure as required by Section 604 (b) of the Federal Fair Credit Reporting Act to the applicant/employee that motor vehicle records may be obtained for purposes of verifying the application and/or for employment purposes, if authorized below. By the signature below, the Applicant acknowledges that the Town of Marana has made this disclosure.

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that the **Town of Marana** may now, or any time while I am employed, conduct a verification of my motor vehicle records to ensure that I am able to fulfill the job requirements or to operate a vehicle for Town business. The results of this verification process will be used to determine employment/training eligibility or authorization to ıg ıg

List Other Names Used (MAIDEN NA	AME)	Date of Birth (For Identification only)
CONFIDENTIAL INFORMA (Complete only if authorizing I		ENTIFICATION PURPOSES ONLY cation)
Signature	Date	
Last Name	First Name	Middle Name
the Town and, therefore, prohibit for Town business. I understand	ed from operating Town Equ that if the Town determines t siness as an "Unauthorized D	and Consent Form, I am an "Unauthorized Driver" as designated by an an important of the properties of
I acknowledge that I have read a the Town Intranet to include: Dr		Marana Personnel Policies and Administrative Directives located on peration AD.
☐ I have read and understand	l this disclosure, and I do no	ot authorize the motor vehicle record verification.
any copy of this document is as vemployment/training was denied	ralid as the original. According based on information obtain	of Marana with all information that may be requested. I agree that ng to the Federal Fair Credit Reporting Act, I am entitled to know if ned by my prospective employer/training program and to receive a and scope of the investigative report.
☐ I have read and understan	d this disclosure, and I auth	horize the motor vehicle record verification.
operate a vehicle for Town busi utilized in whole or in part in ma	ness under Town of Mara r king an adverse action decision	on with regard to my potential employment/training, before making with a copy of the motor vehicle records and a description in writing

State Driver License Issued

Last Name on Driver License