

# Driving History Inquiry Waiver

## City of Wilmington

### Authority for Release of Information

*(The sole intent of the information listed on this form is for the purpose of verifying that your driving history is acceptable for the standards established through the City of Wilmington's Driving History requirements to be eligible to operate a City vehicle. No other pre-employment determinations will be made from the information documented on this form.)*

I hereby authorize and request the release of any and all information you have concerning my driving history to the City of Wilmington upon presentation of this release or copy thereof. I understand that any information released and obtained by the City of Wilmington from this authorization, may be considered when determining my employability/volunteer/contract ability with the City of Wilmington. Based on the information gathered from this release, I may not be considered for employment.

I hereby release you and your organization or others from any liability or damage, which may result from furnishing the information requested above. I understand that the City of Wilmington will not reveal to me the nature or contents of any confidential reports received. I certify that to the best of my knowledge and belief the information listed below is true and correct. I further certify that I have personally executed this waiver and release with my legal signature.

Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Drivers License # _____	County _____	State _____
Drivers License # _____	County _____	State _____
Drivers License # _____	County _____	State _____

List Counties that you lived in for the last three (3) years

Present Address \_\_\_\_\_ County \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_

Previous Address \_\_\_\_\_ County \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_

Previous Address \_\_\_\_\_ County \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Date Applicant's Printed Name Applicant's Signature

Department

Supervisor's Name

Driver's License requires a CDL for this position  Yes  No