

AUTHORIZATION FOR RELEASE
OF DRIVER RECORD / CDL

I have applied for employment with Somervell County in a position that requires me to operate a Commercial Motor Vehicle. As a condition for my application being considered, I understand and agree to allow the ordering of my Motor Vehicle Driving Record (MVR). I understand that if my driving record contains certain types of violations or problems as reviewed by Somervell County, I shall not be considered further for a Commercial Motor Vehicle driver position.

I hereby authorize the Personnel Director of Somervell County or an authorized insurance professional retained by Somervell County to order such records and to provide the results to Somervell County. Furthermore, I release Somervell County and any person affiliated with this action and any such institution or person conducting the screening, from liability.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Printed Name

Signature

D.O.B.

D.L.#

Date

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public