# Driving Record MVR's

Name of Job Applicant/Employee:_____

Street Address:_____

City, State, Zip Code:_____

Driving records (MVR's) may be obtained as part of Meckley Services evaluation of my job application/employment. The reports may be produced by Meckley Services/Choice Pointe or a company designated insurance agency as an assessment of my insurability under the Company's insurance coverages. By signing this disclosure, I hereby authorize the company to procure such reports about me from time to time, as it deems appropriate, to evaluate my insurability.

_____
Signature of Job Applicant/Employee

_____
Date

_____ _____ _____
License # State Date of Birth

5701-O General Washington Drive, Alexandria, Virginia 22312 ♦ 703/333-2040 (voice) ♦ 703/333-2042 (fax)
MSI@meckleyservices.com