

Driver Questionnaire Form

Release Of Information

FORM

This form is to be completed for those staff positions that are listed under "regular driver" status as determined by LCHS and our insurance provider. Results of the questionnaire affect eligibility for employment for a position listed under "regular driver" status.

Please complete the information listed below:

Name (as it appears on Driver's License)	
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Gender:	Male _____	Female _____
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Date of Birth	
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Driver's License Number	
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Driver's License State	
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Social Security Number	
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Home Address	
Street	
City, State, Zip	

After the information has been submitted to our insurance carrier for review, a determination of standard requirements related to the position applied for will be provided directly to the Human Resources Office of LCHS.

Note: A negative determination would mean the Insurance underwriter finds the employee candidate does not meet their standard requirements at this time. *Further exclusionary information may be required to be completed in order to be in a continuing employment status at LCHS.

Employee/Candidate Signature: _____

Date received/submitted to Insurance Carrier: _____

**SUPPLEMENTAL INFORMATION TO NEW HIRE / PROMOTION
TO AN IDENTIFIED POSITION
REQUIRING DRIVER BACKGROUND CHECKS**

DATE:

TO:

RE: DRIVER'S QUESTIONNAIRE; Identified position: _____

As an Identified Position in Luzerne County Head Start (LCHS), part of your responsibility will be to drive/travel for work related reasons. Due to this work requirement, the LCHS Insurance Carrier requires driving background checks to be completed on designated staff who drive agency vehicles, or their own vehicle, during their course of work on a regular basis.

*SEE LCHS POLICY, "Driver's Questionnaire", Personnel Policies and Practices Handbook

This form is designed to provide the information necessary to complete a driving background check with the Department of Motor Vehicles, Commonwealth of Pennsylvania. By completing this form, you are giving permission to obtain a copy of your motor vehicle driving record for the purposes of determining eligibility for coverage under agency policy. You are required to complete this form upon hire/promotion as it is a requirement of your particular job (description).

Please note: Your continued employment is contingent upon the result of this record check. If, for any reason, the LCHS Insurance Carrier declines to bind coverage for you, LCHS reserves the right to terminate your employment.

The full document information is noted on the opposite side of this notice. You are asked to complete and return as soon as practical to LCHS Human Resources.