PROFESSIONAL   PARTNERS
DRIVERS   IN
BUREAU   PROFILES

Release clause – short form:

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize the Company and PDB, hereinafter referred to as their agent, to make such investigations and inquiries of my personal, employment, financial (credit bureau), criminal search, driving abstracts, drug results from previous employers or their consortium or their Insurance Carrier or Agent for my driving record, insurance history medical history and other related matters as may be necessary in arriving at an employment decision. If hired or contracted, this authorization shall remain on file and shall service as ongoing authorization to re-check or report as deemed necessary at any time throughout my employment or contract period or after such period. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. Furthermore, I understand that the Company and/or their agent may keep any information on file including work performance as related to my employment period and make it available to any second party only with my verbal or written consent. I understand, also, that I am required to abide by all rules and regulations of the Company.

For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names or aliases you have used: _____

List previous address for the past 3 years:

_____ # Years _____

_____ # Years _____

_____ # Years _____

Date of Birth: _____

Driver License Number: _____ Issued by Prov/State:_____

DRIVER SIGNATURE: _____ DATE: _____