

PCiRoads

14123 42nd Street NE St. Michael, MN 55376-9443 Telephone: 763.497.6100 / Fax: 763.497.6101 pciroads.com

EMPLOYEE NAME:			
CURRENT ADDRESS:			
CITY:	STATE:	ZIP CODE:	
DRIVER'S LICENSE #:		DATE OF BIRTH:	
The cost potential of accidents, the liability exposures and the simple concern for the welfare of all employees and the public in general demand that PCiRoads employ a meaningful and effective fleet management program. As a result, we routinely request a current Motor Vehicle Record (MVR) of our employees during the course of their employment with PCiRoads. In accordance with our Driver/Fleet Policy, we are asking that you consent to allow us to request an MVR on you at this time as well as anytime in the future that it is deemed necessary.			
This request is also intended to assure you that, the employee, that PCiRoads is reviewing MVR's only to assure our Driver/Fleet Policy is adhered to and the information obtained with be kept in absolute confidence and confidentiality.			
Please indicate your consent by signing and dating this form in the space provided. By your below, you hereby authorize PCiRoads, each and every one of its past, present, and future offices, agents, directors, shareholders, and any and all persons, agencies and entities providing information about you from any and all liabilities arising out of any of the above mentioned information or reports.			
Employee S	ignature		Date
For Office Use Only			
In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.			
I further certify that if the applicant named above is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.			
PCiRoads,	LLC		Date