

## State YMCA of Michigan Driver Information and Authorization Form

Name (as appears on Drivers License): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License Number.: \_\_\_\_\_ State : \_\_\_\_\_

Special Classifications: \_\_\_\_\_ Country: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ # of Years Driving: \_\_\_\_\_

Previous Driving Experience: \_\_\_\_\_

Driver's License Restrictions: \_\_\_\_\_

Any physical restrictions that would affect your ability to drive: \_\_\_\_\_

List all moving traffic violations that applicant has received within last three years. If none, state "none".

Date	Offense	Location

List all auto accidents within last three years(whether or not you consider yourself at fault). If none, state "none". This would include any incident where a vehicle was damaged and/or person(s) injured.

Date	Description	Damage/Injuries

Have you ever received a traffic violation for impaired or reckless driving, driving under the influence, or driving while intoxicated? If none, state "none".

Date	City/State	Explanation (if any)

I am aware that consumer and motor vehicle reports may be obtained as part of the evaluation of my job application and/or employment. By signing this form, I verify the above information to be true. I understand giving false or misleading information will result in termination of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>Authorization</b>	
I have reviewed application and approve the applicant to drive a camp vehicle (limitations may apply).	
_____ Authorizing Y Staff	_____ Date

<b>Camp Drivers Test:</b>	
Conducted by:	_____
On (date):	_____
Type of vehicle:	_____
Passed?	_____

State YMCA of Michigan  
919 N. East Torch Lake Dr  
Central Lake MI 49622

RE: Authorization of Driving History

I am aware that consumer and motor vehicle reports may be obtained as part of the evaluation of my job application and/or employment. The reports may be procured by the State YMCA of Michigan or its insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of insurability for insurance program, or other consumer reports.

By signing this letter, I hereby provide my authorization for the State YMCA of Michigan or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time to time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

\_\_\_\_\_  
Signature Applicant/Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name as appears on Drivers License

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
State of Issuance

\_\_\_\_\_  
Date of Birth