

Options in Community Living, Inc.



22 N. 2nd Street • Madison, WI 53704 • Voice/TTY (608) 249-1585; Fax (608) 249-3372 • www.optionsmadison.com

DRIVER INFORMATION

To be eligible to transport others on work time, or to do any work-related driving, employees must have driving records that are free of the following incidents within the last five years:

- Driving while intoxicated convictions
- Open intoxicant convictions
- Reckless driving
- Leaving the scene of an accident
- Hit and run
- Failure to stop for an officer

Please see the Driving Qualifications Policy for information about insurance coverage and other info.

DO NOT COMPLETE THIS SECTION UNLESS YOUR DRIVING RECORD HAS NONE OF THESE INCIDENTS.

You must provide the information below if you will be driving as part of your employment with Options. Driving for Options includes transporting people we support, errands, and any other activity during work hours which involves driving. This includes using your own vehicle, the vehicle of people receiving support, Options' van, and any other vehicle. You cannot drive for Options until you return this completed form.

If you will ***not*** be driving as part of your employment with Options, you must sign the statement at the bottom of the form.

This consent is given in satisfaction of Public Law 18 USC 2721 et Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this act.

For Drivers:

NAME AS IT APPEARS ON DRIVER'S LICENSE: _____

DRIVER'S LICENSE NUMBER: _____

EXPIRATION DATE OF LICENSE: ____/____/____

STATE THAT ISSUED LICENSE: _____

DATE OF BIRTH: ____/____/____

SOCIAL SECURITY NUMBER: _____

For Office Use Only

Van Only

I hereby give permission to Options In Community Living, Inc. to obtain my driving records for the purpose of verifying that I hold a valid driver's license and that my driving record complies with Options' Driving Policy.

Signature

Date

PLEASE PROVIDE A PHOTOCOPY OF THE DECLARATIONS PAGE OF YOUR CURRENT AUTO INSURANCE. *This must show your name and not be expired. You are welcome to use Options' copy machine or you or your insurance agent may fax a copy to us at 249-3372.*

For Non-Drivers:

I will not be driving as part of my employment with Options In Community Living.

SIGN NAME _____ DATE ____/____/____

PRINT NAME _____

Thanks for your cooperation. If you have any questions, please contact the Payroll Office at 249-1585, or ask your supervisor.