** DIOCESE OF PATERSON: DRIVERS LICENSE MVR AUTHORIZATION FORM AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

 **Disclosure to Employment Applicant Regarding Procurement of a Consumer Report:**In connection with your application for employment, **THE DIOCESE OF PATERSON** may obtain aconsumer report on you as part of our process of considering you for employment. These reports mayinclude public record information such as our driving record, criminal history, Social Security verificationand address history. Private information such as credit history may also be obtained.

I hereby authorize **THE DIOCESE OF PATERSON** to obtain consumer reports about me as described above for the purpose of qualifying me for employment and I release **THE DIOCESE OF PATERSON** as well as the New Jersey Motor Vehicle Commission and all other entities from which the consumer reports are obtained from any claim or liability related to obtaining compiling or releasing such report. I also agree that this authorization and release will remain on file for the term of my employment and will serve as an ongoing authorization to obtain consumer reports related to my employment.

**Underwriting requirements include but are not limited to:**

* 3 years of clean driving record history or less than 6 points in their license within the last 3 years
* No one under 21 years old driving diocesan vehicles on a regular basis
* No one under 25 years old driving students or children on a regular basis
* NJ license (Out-of-state drivers moving to NJ are required by law to obtain a NJ license within 10 days after moving in)

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**Applicant’s Name (PRINT) Applicant’s Date of Birth Today’s Date**

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**Applicant’s Signature Driver’s License Number State**

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**Location Name Location Number**

Fax the completed form to the attention of our **Religious Team** at **Arthur J. Gallagher &** **Co. in Miami,
Fax: 305-592-4049**. If you have any questions, **call us at 1-800-488-3003 or 305-592-6080 (Ampy or Virginia).**

 **Please provide Arthur J. Gallagher & Co. with the email address or fax number for the Contact Person at your location who is to receive the results of the Motor Vehicle Record check.**

**CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**