Informed Consent Form

Driver's License/Violation

Disclosure under the Fair Credit Reporting Act and Consent to Procurement of Consumer Report for Employment and/or Volunteer Purposes

I,_____, have made application with United Community Action Partnership (UCAP) public transportation services, and authorize UCAP or its insurance company, the Nonprofit Insurance Trust, or its assigned, to obtain copies of consumer reports, exclusively for a motor vehicle report and court record violation(s) pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which UCAP may apply, and any renewal thereof. I understand that in obtaining such reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Additionally, I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history information to United Community Action Partnership (administrative staff for the purpose of performing services for the Transportation Program.

Full Name of Driver Applicant (please print):

_____

Last First Middle (Maiden, Former, Alias)

Address: _____ **Phone:** _____

Street

_____

City, State, Zip Code

Date of Birth: _____

Month/Day/Year

Drivers' License Number: _____ **Issuing State:** _____

It is the policy of United Community Action Partnership (UCAP) that anyone will be prohibited from driving a vehicle for UCAP public transportation services unless he/she meets the following criteria for the length of time required by UCAP and its contractors:

a) has not had a driver's license canceled under Minnesota Statues, chapter 171 revoked under Minnesota Statutes, chapter 171, or suspended under Minnesota Statutes, chapter 171;

b) has a driving record clear of convictions for driving a motor vehicle without a valid current license for the class of vehicle driven;

c) for proceeding three years, has a driving and criminal record clear of convictions for driving under the influence of alcohol or a controlled substance under Minnesota Statutes, chapter 169, or an ordinance in conformity with that section, of alcohol-related driving by commercial vehicle drivers under Minnesota Statutes, chapter 169, and of driver's license revocations under Minnesota Statutes, chapter 169.

I willfully disclose this information to United Community Action Partnership. (The expiration of this authorization shall be for a period no longer than one year from the date of my signature:

_____ _____

Signature of Driver Applicant Date

_____ _____

Driving Record Reviewer's Signature Date

_____ _____

Reviewer's Signature of Driver's License Expiration Date

_____ _____

Reviewer's Signature of Medical Examiners Certificate Expiration Date

Revised 11/10/2016

Office use only

Background check coding: F Fund GL PP AG Loan R

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