



## Medina County Board of Commissioners

### Driver Registration and Motor Vehicle Record Check

**PRINT ALL INFORMATION EXACTLY AS IT APPEARS ON YOUR DRIVER'S LICENSE**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_      Issue Date: \_\_\_/\_\_\_/\_\_\_      Expires On: \_\_\_/\_\_\_/\_\_\_  
mm dd yyyy                      mm dd yyyy                      mm dd yyyy

Restrictions: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

List state(s) where licensed in past three (3) years if other than Ohio: \_\_\_\_\_

All persons (employees, students, volunteers) who drive any vehicle on County business are required to provide current driver's license information for verification of license status and driving history.

By signing below, I authorize Medina County to obtain my Driver Abstract Record from any state where I have held a driver's license in the last 3 years. I understand that Medina County will consider this information when making decisions regarding my employment. In the event of an adverse personnel decision based on my Driver Abstract Record information, I understand that I will be provided a copy of the data, and given an opportunity to refute or correct that information.

Furthermore, I understand and agree that driving any vehicle on Medina County business imposes certain requirements and responsibilities as articulated in the County's Employment Manual, Policy 6.025, *Vehicle Operation*. I agree to abide by these obligations and requirements, and any other laws or policies that may be applicable. I understand that failure to comply with these requirements, and failure to maintain an acceptable or conditional driving record may result in disciplinary action up to and including suspension or revocation of County driving privileges and/or termination of employment.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
mm dd yyyy

Department: \_\_\_\_\_ Position Title: \_\_\_\_\_

**ATTENTION HIRING DEPARTMENT: Route completed form to Keith Blair, Safety & Health Coordinator, c/o Sanitary Engineering Center.**

**ATTENTION SAFETY & HEALTH COORDINATOR: Please route completed Driver Abstract Record to the attention of Human Resources.**