



Authorization for Driver's License Check

Please complete this form if employee will be driving on behalf of Diocese/Entity for business purposes (based on Job Description)

Diocese of Palm Beach
Office of Human Resources

Diocesan Entity Requesting Check: _____ Entity Contact Person: _____ Entity Phone #: _____

Employee or Candidate's Name: _____
(Please Print)

Date: _____

_____ I am an employee of the Diocese of Palm Beach

_____ I am applying for a position with the Diocese of Palm Beach and/or one of its parishes, schools or other entities. I understand that as part of their hiring process, the Diocese of Palm Beach may conduct a driving record check.

_____ I am a volunteer for the Diocese of Palm Beach and/or one of its parishes, schools or other entities.

- I am aware that consumer and motor vehicle reports may be obtained as part of my job application, employment and/or volunteer status with the Diocese of Palm Beach. I understand the information obtained may include personal information such as my driving record, and an assessment of my insurability, etc.
- I hereby consent and authorize the Diocese of Palm Beach and/or their designated agents to make such inquires, and I authorize without reservation, the release of such information to the Diocese of Palm Beach and/or their designated agents, and release the Diocese of Palm Beach and the provider of such information from any and all liability for damages arising from the investigation and disclosure of the requested information.
- By signing this form, I hereby authorize the Diocese of Palm Beach (or the church, school, or other diocesan entity or their insurance company representative) to obtain 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.
- I will allow a photocopy of this authorization to be as valid as the original.

_____ Date: _____
(Signature of Candidate)

Candidate/Employee: Please attach a copy of your driver's license & return this form to the office at the School or Parish where you work or are applying for a position.

Parish Bookkeeper/Office Mgr: Please (1) attach a copy of candidate/employee's driver's license & (2) FAX this form to: Arthur J. Gallagher & Co @ (305) 592-4049, Attn: Maria or Irys.