

City of Wilmington

Driving History Inquiry Waiver

Authority for Release of Information

(The sole intent of the information listed on this form is for the purpose of verifying that your driving history is acceptable for the standards established through the City of Wilmington's Driving and History requirements to be eligible to operate a City vehicle.)

I hereby authorize and request the release of any and all information you have concerning my driving history to the City of Wilmington upon presentation of this release or copy thereof. I understand that any information released and obtained by the City of Wilmington from this authorization, may be considered when determining my employability/volunteer/contract ability with the City of Wilmington. Based on the information gathered from this release, I may not be considered for employment.

For positions that require a Commercial Driver's License (CDL)

I hereby authorize the City of Wilmington to conduct a limited query of the Federal Motor Carrier Safety Administration (FMCSA) Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearing House. If hired these queries will be conducted on an annual basis.

I understand that if the limited query conducted by the City of Wilmington indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the City of Wilmington without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the City of Wilmington to conduct a limited query of the Clearinghouse, the City of Wilmington must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

I hereby release you and your organization or others from any liability or damage, which may result from furnishing the information requested above. I understand that the City of Wilmington will not reveal to me the nature or contents of any confidential reports received. I certify that to the best of my knowledge and belief the information listed below is true and correct. I further certify that I have personally executed this waiver and release with my legal signature.

First Name: _____ Middle Name : _____
Last Name: _____ Other Last Names Used *(if any)*: _____
Date of Birth: _____ Social Security # _____

Driver's License #	County	State
Driver's License #	County	State

Driver's License requires a CDL for this position Yes No

List Counties that you lived in for the last three (3) years

Present Address:

County: _____ State: _____

Previous Address:

County: _____ State: _____

Previous Address:

County: _____ State: _____

Applicant's Signature: _____

Date: _____

Department

Supervisor's Name *(if applicable)*

Updated: 4/2023