



In connection with my employment, I authorize Sequoia Valley Transport, Inc and/or their insurance agents(s) to investigate my Driving record through private and public source prior to and during my employment.

\_\_\_\_\_  
Print Name (as it appears on Drivers License)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Date of Birth

State Licensed in \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Marital Status

\_\_\_\_\_  
Signature