

## **Approved Driver Application**

In connection with my application for approved driver status and as a condition of driving Carthage owned, rented or loaned vehicles, I understand that investigative background inquiries may be made on me. For the purpose of this application this investigation will be limited to criminal convictions, motor vehicle accidents and violations, and records associated with my driver's license. I have authorized without reservation, Carthage College and their agent or vendor USA FACT to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I understand the information I provide below will only be used for the purpose of background checks as part of this permission to drive Carthage vehicles application. If an adverse decision is made based on facts disclosed by this background check, in conformance with the Fair Credit Reporting Act and the Consumer Reform Act of 1996, a copy of all materials reviewed will be provided for my review.

Applicant's Signature		Date	
Please print the following	g information:		
Full Name:		E Mail:	
Birth Date:	SSN#:		
Full Permanent Address:			
PLEASE ATTACH A PHOT	TOCOPY OF YOUR CURF	RENT DRIVERS LICENSE	
(1) If you maintained a d license, please disclose th			
(2) WI DMV records may Out of state DMV records			ving your signed application,
of your DMV records, log listed on this application	in information for that The email will come ipport@alertdriving.o	training will be sent to t from "Educational and com. Please do not erase	ved driver status. After a review the email address you have I Institutional Insurance e the communication or treat it
For Office Use:			
DMV Check Cleared ☐ Final Approval:			
Revised 11/2014			