



GRANBY AMBULANCE ASSOCIATION, INC.

1 Pegville Rd. • Granby • CT • 06035

PHONE (860) 653-6535 FAX (860) 844-0056

SINCE 1963

Authorization for Motor Vehicle Check

Last Name: _____ Maiden Name: _____ First: _____ Initial: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ / _____ / _____ Social Security Number: _____ - _____ - _____

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

Granby Ambulance Association or its affiliates (“GAA”) may request one or more consumer reports or investigative consumer reports about you for employment purposes.

For explanation purposes, these reports may include information on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which may be used as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, driving records, or personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information.

The Company will obtain the consumer reports and investigative consume reports from Castle Branch, Inc.

Motor Vehicle Check

I authorize Granby Ambulance Association, Inc. or its agent to contact the Granby Police Department, Department of Motor Vehicles of the State of Connecticut, or any other similar motor vehicle agency of a state in which I have held a driver’s license and/or driving privileges, for the purpose of identifying any restrictions, violations or accidents which might restrict or otherwise interfere with my ability to operate an ambulance. Motor vehicle checks will be done in all states in which I have lived in compliance with any applicable state laws.

[SIGNATURE PAGE TO FOLLOW]



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Signature: _____ Date: _____

Print Name: _____

Pursuant to section 606(b) of the Fair Credit Reporting Act, you have a right to request from Company a disclosure, upon written request within a reasonable period of time after receipt of this disclosure, regarding the nature and scope of the investigation requested.

Enclosed is a summary of your rights under the Fair Credit Reporting Act and certain other documents that may be required if you are a resident of a state that may require GAA to provide you with additional information.

California Applicants

Please take notice that an investigative consumer report may be obtained on you for employment purposes. This report may include information on your character, general reputation, personal characteristics, and mode of living. The report may extend to information such as criminal history, social security verifications, education history, driving history, and employment history.

Pursuant to § 1786.22 of the California Civil Code, you may view the file maintained on you by GAA during normal business hours and on reasonable notice. You may also make a visual inspection of the file on you by appearing in person at GAA's offices and by furnishing proper identification. A copy of your file shall also be available for a fee not to exceed the actual costs of duplication. In addition, you may obtain a copy of your file by certified mail if you submit a written request, with proper identification, for copies to be sent to a specific addressee. Further, you may also receive a summary of the file by telephone after providing a written request and proper identification for telephone disclosure, if the charge for the telephone call is prepaid by you or charged directly to you.

"Proper Identification" refers to information generally deemed sufficient to identify you, including documents such as a valid driver's license, social security account number, military identification card, or credit cards. GAA may require additional information concerning your employment and personal or family history to verify your identity if you are unable to reasonably identify yourself with the information described above. GAA has trained personnel available to explain your file to you, including coded information, and will provide a written explanation of any coded information contained in your file.

If you appear in person, you may be accompanied by one other person of your choosing, who shall furnish reasonable identification. GAA may require you to furnish a written statement granting it permission to discuss your file in that person's presence.

Please check the box if you wish to receive a copy of any report that is prepared on you.



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For New York Applicants: A consumer report and/or an investigative consumer report may be requested in connection with your application for employment. You have the right, upon a request, to be informed whether or not a consumer report was requested and, if such a report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You also have the right, upon written request, to be informed whether or not an investigative consumer report was requested and, if such a report was requested, to be informed of the name and address of the consumer reporting agency to which the request was made. In addition, upon being furnished with the name and address of the consumer reporting agency, you have the right to inspect and receive a copy of such report by contacting the agency. In addition, you are also being provided with a copy of Article 23A of the correction law governing the licensure and employment of persons previously convicted of one or more criminal offenses.

For Washington Drivers: You are authorizing the release of an abstract of your full driving record to an employer or prospective employer. Any information contained in the abstract related to an adjudication that is subject to a court order sealing the juvenile record of an employee or prospective employee may not be used by the employer or prospective employer, or an agent authorized to obtain this information on their behalf, unless required by federal regulation or law.

By signing below, the party requesting this record certifies through its authorized representative that the information is necessary for employment purposes related to driving by the individual as a condition of employment or otherwise at the direction of the employer.

Authorized Representative Signature

Date



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For Minnesota Drivers: You are authorizing the release of an abstract of your full driving record to an employer or prospective employer. Any information contained in the abstract related to an adjudication that is subject to a court order sealing the juvenile record of an employee or prospective employee may not be used by the employer or prospective employer, or an agent authorized to obtain this information on their behalf, unless required by federal regulation or law.

Please check the box if you wish to receive a copy of any report that is prepared on you.

For Oklahoma Drivers: You are authorizing the release of an abstract of your full driving record to an employer or prospective employer. Any information contained in the abstract related to an adjudication that is subject to a court order sealing the juvenile record of an employee or prospective employee may not be used by the employer or prospective employer, or an agent authorized to obtain this information on their behalf, unless required by federal regulation or law.

Please check the box if you wish to receive a copy of any report that is prepared on you.
