

**WAIVER OF LIABILITY, DISCLOSURE, AUTHORIZATION  
AND RELEASE OF MOTOR VEHICLE RECORDS**

**IF APPLYING FOR A POSITION REQUIRING DRIVING A DISTRICT VEHICLE, COMPLETE THE FOLLOWING:**

As part of the risk management process, Johnson County Park and Recreation District checks motor vehicle records on individuals who drive District vehicles and on individuals who are required to maintain a valid driver's license as a condition of employment.

In consideration of the processing by the Johnson County Park and Recreation District's (the "District") of my application for employment, (Please Print) I, \_\_\_\_\_, hereby authorize the District to gather information relative to the classification and validity of my motor vehicle operator's license including, but not limited to, my driving record as pertains to accidents and traffic violations and/or infractions.

I hereby release from liability and promise to hold harmless under any and all possible claims or causes of action (i) any and all persons or entities who shall furnish such information to the District, its officers, agents or employees, and (ii) the District, its officers, agents or employees for any statements, acts or omissions in the course of obtaining said information.

These records being checked are covered by the Fair Credit Reporting Act. The Fair Credit Reporting Act gives me specific rights in dealing with agencies that provide these reports to the District. Enclosed with this Release, Disclosure and Authorization is "A Summary of Your Rights Under The Fair Credit Reporting Act". Before making any adverse employment action which is based on the information received from a motor vehicle record, the District will notify me in writing and will provide me with a copy of the report and "A Summary of Your Rights Under The Fair Credit Reporting Act".

By my signature below, I hereby acknowledge the information outlined above and I also authorize Johnson County Park and Recreation District to obtain my motor vehicle records.

Name: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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

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

Drivers License Number: \_\_\_\_\_

State: \_\_\_\_\_ District Position: \_\_\_\_\_

Work Location: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**SEND FILLED OUT FORM TO KRISTI NYBERG IN HUMAN RESOURCES @ SMP**