Driver's Consent Form

I, _____, (driver) understand that the insurance carriers that insure Rinker Design Associates, P.C. (employer) will obtain my driving record from the state department of motor vehicles for the purpose of underwriting insurance. I hereby grant permission to those carriers to release such information to employer. I understand that employer shall use such driving records in determining whether to initiate or continue my employment. This consent applies to the period in which I am an employee of employer or an applicant for employment.

_____

Driver's Signature Date

_____

Name on Driver's License

_____

License # and State

_____

Expiration Date

_____

Date of Birth

MANASSAS OFFICE (HQ): 11100 ENDEAVOR COURT, SUITE 200 • MANASSAS, VA 20109
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