



BONNER GENERAL HEALTH

Authorization / Release of Information

I understand a condition of my employment with Bonner General Health is to:

- have a valid driver's license;
- maintain minimum liability insurance as required by Idaho State law on my personal vehicle

I authorize Bonner General Health to conduct a background check to include Driver's License Record Check and verification of proof of liability insurance, which I understand will be verified annually.

To pass the Driver's License Record check you **MAY NOT** have on your record...

- **in the last three years:**
 - more than two moving violations
 - any at-fault accidents
- **in the last five years:**
 - any DUI convictions

Name: _____

Home Address: _____

Social Security #: _____ Date of Birth: _____ Age: _____

Drivers' License #: _____ State of Issue: _____

Signature: _____ Date: _____

Completed by: _____ Date: _____

Confirmation: