

Concord EMS LEIN Authorization

The following information is required by our insurance carriers in order to obtain access to your past and present motor vehicle record.

Full Name: _____

Valid Drivers License #: _____

Date of Birth: _____

List other states in which you have held a valid driver's license within the past three years:

I willingly give my consent for access to any and all records pertaining to my motor vehicle records.

I also understand that if the information obtained is not acceptable to our insurance carriers, Concord EMS retains the right to rescind any offer of employment and/or that if, any time during my employment, my driving record becomes unacceptable, my employment may be terminated.

Signature _____

Date _____

* Return completed form to the Concord EMS business office