

APPENDIX B

**RICHLAND COUNTY CHILDREN SERVICES BOARD
DRIVER CONSENT FORM**

To be included in the application for all prospective new employees who may be required or may on occasion drive a County vehicle or any other vehicle on behalf of the County.

Applicant's name: _____

Ohio Driver's License Number: _____

Social Security Number: _____

Position applied for: _____

(The above information is required by the State of Ohio to run a MVR.)

I understand that as a condition of employment I must have a current and valid Ohio Driver's License and an acceptable driving record that meets the standards of the County's auto liability insurer. I understand that I must provide, with my application, proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing County minimum requirements.

I further agree that the agency may check my driving record at any time. I agree to report to my Supervisor any accidents, arrests, suspension, or cancellation of personal insurance as soon as possible after they occur (within twenty-four (24) hours unless unreasonable under the circumstances) and prior to driving any vehicle on behalf of the agency.

I understand that by giving incorrect information or by omitting information I am falsifying my application and therefore subject to dismissal if hired.

Prior to driving on behalf of the County, I acknowledge that I am familiar with the county resolution requiring discipline for a poor driving record. I understand all of the above and agree to all requirements. I further attest that all statements made by me in this Form are true to the best of my knowledge.

Applicant: _____

Date: _____