|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**  Division of Enterprise Services  F-02237 (01/2022) | **STATE OF WISCONSIN** | | | |
| **PRE-HIRE DRIVING RECORD REVIEW** | | | | |
| Candidate’s Full Legal Name (as listed on the driver’s license) | | Driver’s License Number | | State (if not WI) |
|  | |  | |  |
| Date of Birth | | |
|  | | |
| Division or Facility | | Position for Which You Have Applied | | |
|  | |  | | |
| This position requires the ability to drive a state-owned vehicle.  In order to verify that you meet the requirements for driving a state-owned vehicle, you must complete this form and return it to the DHS representative you received it from.  Candidates with an out-of-state driver’s license must provide a copy of their driving record two years minimum along with this agreement. Processing cannot occur otherwise.  **Criteria for Qualifying Driving Records:**   * Must have a valid driver’s license * Minimum of two years of driving experience * Must be 18 years of age   Additionally, the driving record **must not** reflect the following conditions:   * Three or more moving violations (with point reductions) and/or at fault accidents in the past two years. * An OWI or DUI violation within the past year. OWI/DUI violations are for operating a vehicle while under the influence of an intoxicant, controlled substance, or other drug). * A suspension or revocation of the driver’s license or expired driver’s license within the past year.   Personally identifiable information (PII) on this form will only be used to obtain relevant data as noted under the provisions of Wis. Stat. §§ 111.31-111.395. Providing your driver’s license number is one of the unique identifiers used to verify information provided.  Candidate Agreement  As a condition of my potential employment, I agree to a check of my driving record now and on a periodic basis in the future, if hired. | | | | |
| **SIGNATURE** – Candidate | | | Date Signed | |
|  | | |  | |