



# LEECH LAKE BAND OF OJIBWE

*LLBO Fleet Management  
06209 Golf Course Rd NW  
Cass Lake, Mn. 56633  
Phone (218)335-4450  
Fax (218)335-4477*

## Request of Employee Driving Record

*Attach a CLEAR copy of the Valid Minnesota Driver's License to this form.*

Applicants and Employees of the Leech Lake Band of Ojibwe need to be aware of the employer obligation to comply with statutory insurance requirements as they pertain to employee's driving employer's vehicles and/or use of the employee's vehicle on the job. By signing below, the employee or applicant acknowledges and agrees that the employer is entitled to receive/send for proof of license(s) and/or motor vehicle reports/records from third parties. All parties, employer, applicant and employee, understand that the use of these records is limited to the employer's obligation to comply with statutory insurance requirements and/or with the underwriting process relating to securing insurance coverage.

Full Legal Name: \_\_\_\_\_ Maiden Name/Suffix \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Division/Program \_\_\_\_\_

Position/Title \_\_\_\_\_

By providing the following information and signing this document I am aware this consent shall remain in effect for the entire length of my employment.

Also need a CLEAR copy of their Valid Minnesota Driver's License.

Applicant/Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **\*\*Human Resource Use Only\*\***

\_\_\_ New Hire \_\_\_ Employee Recheck Date Sent \_\_\_\_\_ HR Initials \_\_\_\_\_

Division/Program \_\_\_\_\_ Position/Title \_\_\_\_\_

### **\*\* FOR FLEET MGMT. USE ONLY \*\***

Date Received: \_\_\_\_\_ HR Notified: \_\_\_\_\_ Acceptable \_\_\_ Unacceptable