



## MVR RELEASE FORM

I, \_\_\_\_\_  
Signature required

authorize Central Indiana Restaurants, dba Papa John's, to request a Motor Vehicle Report of my driving record as condition of employment for the job of driver. I further authorize them to periodically re-run the report as long as I am employed by Papa John's.

(This check is to ensure that you have an acceptable driving record as defined by the criteria set by Papa John's International.)

**PLEASE FILL OUT ALL THE INFORMATION AS IT APPEARS ON YOUR DRIVER'S LICENSE. THANK YOU.**

**DATE:** \_\_\_\_\_

**STORE NUMBER:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**DRIVERS LICENSE #** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**AUTO INSURANCE CO.** \_\_\_\_\_

**INSURANCE EXPIRATION DATE:** \_\_\_\_\_