

Release and Applicant Information Form

Illinois Wesleyan University
1312 North Park Street,
Bloomington, Illinois 61701

Illinois Wesleyan Security Department
Contact Phone: 309-556-3034

Contact Person: Patty Burns
Contact Fax: 309-556-3764

Name as it appears on your driver's license: _____

Will you be driving the 15 passenger shuttle bus? Yes _____ No _____

Phone Number: _____ Department you are driving for: _____

Mobile Phone Number: _____ Email Address: _____

Faculty/Staff _____ Student _____ If student enter graduation date: _____

Current Address: _____

City: _____

State: _____

Zip: _____

Home Address: _____ *(As it appears on Drivers License)*

City: _____

State: _____

Zip: _____

Sex: _____

Date of Birth: ____ / ____ / ____

(Must be 20 to apply)

Drivers License Number: _____

State: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to any potential employer obtaining such information from Sonic e-Learning Inc. and/or any of their agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Applicant's Signature: X _____

Date: _____