



**REFERENCES**

Give below the names of three persons not related to you whom you have known at least one year.

Name	Address/Phone Number	Business	Years Acquainted

**PHYSICAL RECORD**

Do you have any physical condition which may limit your ability to perform the job applied for? \_\_\_\_\_

In Case of  
Emergency Notify \_\_\_\_\_  
Name Phone Relationship

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I understand that an inquiry may be made on me concerning matters of my motor vehicle report. I understand that you may be requesting information from the state that maintains records concerning my MVR (motor vehicle report). I also understand that I may be asked to sign the required paperwork from the Department of Motor Vehicles if applicable.

I authorize the state Department of Motor Vehicles, or similar state agency to release my motor vehicle record to MTS Services for the intended purpose to be used by their auto insurance agent. This authorization shall be valid in an original, fax or copy form.

I have the right to make a request to MTS Services, upon proper identification and by filing the appropriate paperwork, to review the information in its files on me at any time of my request. MTS Services does hereby agree to provide the requested information in accordance with the policy included in the MTS Services Employee Handbook. MTS Services also agrees that any information contained in my MVR will be kept confidential at all times.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

**REMARKS:**

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