



JICARILLA APACHE NATION

SAMBA Safety Driver(s) License Check – Pre-Employment

Received By: _____

Date Received: _____

Time Received: _____

PERSONAL INFORMATION:

Name:		DOB:	
Address:		SSN:	
City:	State:	Zip Code:	
Tribal Affiliation:		Census#:	

STATISTICS:

Eye Color:	Hair Color:	Height:	Weight:
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STATE DRIVERS LICENSE INFORMATION:

License Number:	State:	Exp. Date:
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POSITION APPLYING FOR:

Department:	Position:
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The holder of this card applied for employment with the Jicarilla Apache Nation and is subject to a driver(s) license check through SAMBA to operate a vehicle owned by the Jicarilla Apache Nation and other specified equipment. The Jicarilla Apache Nation will utilize the above information and verify and monitor employee's driving record through the SAMBA Safety Driver(s) Fleet Watch Check Program.

Operator's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Driver's License is:	Valid:	Suspended:	Revoked:
Copy of Driver's License Provided:		Yes:	No:
Comments:			

Processed By: _____ Date: _____

Adjudicating Officer, JANHR



**Jicarilla Apache Nation – Human Resources
Authorization for Release of Driving Record
Pre-Employment**

NAME: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP CODE:** _____

POSITION APPLYING FOR: _____

DEPARTMENT: _____

CONTACT NUMBER: _____

As an applicant/employee of the Jicarilla Apache Nation, I hereby authorize the Nation's Human Resources to obtain my driving record from the appropriate state motor vehicle department to assess my insurability under the Jicarilla Apache Nation's Insurance Policy and Allow for operation of a Nation Vehicle.

A copy of a valid driver's license must be provided.

Signature Date

Human Resources Representative Date