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**Team Kellel, Inc.**

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**Driver’s License Check Authorization**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant **Team Kellel, Inc.** permission to conduct a *Driver’s License* *Check* on my behalf for possible employment.

If hired, I grant team **Team Kellel, Inc.** permission to run this *Driver’s License Check* each and every year I am employed, as required by the State of Kansas.

This document expires on the date my employment with **Team Kellel, Inc.** terminates.

State of Issuance:

Driver’s License #:

Date of Birth:

Print Name:

Date:

Signature\*:

*\* A signed copy of this Driver’s License Check Authorization, and any other ancillary agreement transmitted by facsimile, email, or other means of electronic transmission, shall be deemed to have the same legal effect as delivery of an original executed copy of this Driver’s License Check Authorization and such other ancillary agreement for all purposes.*