

MVR REQUEST/RELEASE

Date _____

Insured MOORDOUGH INC.

Employment Candidate Name _____

SS# _____ DL# _____ State Issued _____

DOB _____

I authorize MOORDOUGH INC. and BOA, Inc. to check my Motor Vehicle Report for prior to hire background investigation.

I understand the results of my Motor Vehicle Report may affect my employment eligibility with MOORDOUGH INC.

Signature / Employment Candidate Phone

NOTE: Please return this form to Angelina's Pizza, NORTH OLMSTED
at Fax # 440.734.3901 Phone # 440.734.3700

Date Sent: Date Approved/ Not Approved: