## St. Clair County Community Mental Health **Driving Record Check**

## **INSTRUCTIONS**:

Complete information and send to HRdepartment@scccmh.org. Please print clearly.

New Employee:				
. ,	(Last)	(First)	(Middle)	
Home Address:				
Birthdate:				
Social Socurity Num	ahori			
Social Security Null	nber:			
Driver's License Nu	mber:			
Date of Hire:				
Assigned Program:				

HR Form: #06-0801 Reviewed Date: 5/1/2024

Admin Procedure Ref: #06-001-0015, #06-001-0085