

Release and Applicant Information Form

(Please make copies for all individuals who will be driving)

Sonic e-Learning Inc.
185 Bartley Drive, Suite #1
Toronto, ON M4A 1E6
Phone: (877) 867-6642 Fax: (866) 462-6316

Requestor Information:

Company Name: _____

Contact Person: _____

Contact Phone: _____

Contact Fax: _____

Applicant/Subject Information:

Name: _____ Home Phone: _____
Please Print All Requested Information

Current Address: _____ City: _____ ST: _____ Zip: _____

Previous Address: _____ City: _____ ST: _____ Zip: _____

Previous Address: _____ City: _____ ST: _____ Zip: _____

Social Security Number: _____ Sex: _____ Date of Birth: _____

Drivers License Number: _____ State: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to any potential employer obtaining the such information from Sonic e-Learning Inc. and/or any of their agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Applicant's Signature: X _____ Date: _____

E-Mail Address for Large Capacity Vehicle Training: _____