

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

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**INSTRUCTIONS:**

***Complete information and send to [HRdepartment@scccmh.org](mailto:HRdepartment@scccmh.org). Please print clearly.***

New Employee: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Assigned Program: \_\_\_\_\_