

St. Clair County Community Mental Health Authority
Driving Record Check

INSTRUCTIONS:

Complete information and send to 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: _____