

**DRIVER LICENSE EXAMINER II  
SUPPLEMENTAL INFORMATION SHEET**

Name \_\_\_\_\_

**Instructions:** This form is to be completed as part of your application. The information you will provide will be used to determine whether you meet the minimum qualification requirements. Complete this form as accurately and completely as possible. Incomplete information on this supplement may result in the non-acceptance of your application.

Describe your experience accurately and in as much detail as possible. NOTE: In your write-up, avoid using vague and ambiguous terms such as "was responsible for," "researched," "handled," "processed," etc. Instead, use specific language which shows clearly the exact nature of the tasks you performed, and the extent of your involvement.

**A RESUME IN LIEU OF THE SUPPLEMENTAL INFORMATION SHEET WILL NOT BE ACCEPTED.**

\*\*\*\*\*

Please circle the choice which applies to your education, license, and work experience.

1. Do you have a high school diploma or equivalent (G.E.D.)?
  - a. yes
  - b. no
  
2. Did you graduate from an accredited college or university?
  - a. yes – please indicate type of degree obtained \_\_\_\_\_/major \_\_\_\_\_
  - b. no
  
3. If not, have you attended or are you attending an accredited college or university?
  - a. yes – indicate courses and credits obtained \_\_\_\_\_
  - b. no
  
4. Do you have a valid Commercial Driver's License (Class A) with no vehicle restrictions and with a "P" endorsement?  
Date obtained: \_\_\_\_\_
  - a. yes – please attach a copy of your driver's license
  - b. no
  
5. Do you have one year (1,040 hours) of actual CDL (Class A) driving time experience?
  - a. yes
  - b. no
  
6. Do you have a good driving record? (A good driving record means having no DUI convictions within the last 3 years and no moving citations within the last year.)
  - a. yes - please attach a current traffic abstract (a current traffic abstract is valid for 30 days from issuance)
  - b. no

**MINIMUM QUALIFICATION REQUIREMENTS:** This job requires 2 years of supervisory, driver training instructional, regulatory, or related experience including or supplemented by 1 year of frequent public contact which involved explaining rules and regulations to others in determining eligibility or non-eligibility of licenses, benefits, or similar matters.

7. Do you have the minimum work experience as described above?
  - a. yes
  - b. no

If "yes," describe your work experience, beginning on the next page, which you believe qualifies you to meet the minimum experience requirements.

(continued)

**Driver License Examiner II**  
Supplemental Information Sheet

Name: \_\_\_\_\_

**COMPLETE A SEPARATE FORM FOR EACH EMPLOYER WHERE YOU GAINED THE REQUIRED EXPERIENCE.** If you have been employed in more than one related position with the same employer, or if your duties changed significantly within a position, complete a separate form for each position. DUPLICATE THIS FORM OR USE ADDITIONAL SHEETS AS NECESSARY.

**A RESUME IN LIEU OF EMPLOYMENT INFORMATION AS REQUESTED BELOW WILL NOT BE ACCEPTED.**

I gained the required work experience with the following employer.

Employer \_\_\_\_\_  
Dates of employment - From \_\_\_\_\_ (mo./yr.) To \_\_\_\_\_ (mo./yr.)  
Reason for leaving \_\_\_\_\_  
Number of hours worked per week (use your best estimate) \_\_\_\_\_  
Your job title \_\_\_\_\_  
Job title of your supervisor \_\_\_\_\_

For the above position, indicate the percentage of time you spent in each activity.

	<u>% of Time</u>
1. <b>Supervisory</b> Describe duties: _____ _____ _____	_____ %
2. <b>Driver training instruction</b> Describe duties: _____ _____ _____	_____ %
3. <b>Regulatory</b> Describe duties: _____ _____ _____	_____ %
4. <b>Public contact which involved explaining rules and regulations to others in determining eligibility or non-eligibility for licenses or benefits</b> Describe duties: _____ _____ _____	_____ %
5. <b>Other duties:</b> Describe: _____ _____ _____	_____ %
<b>TOTAL</b>	<b>100 %</b>

Note: If you are including work experience gained through temporary assignment, please attach written verification from your employer of the total number of hours performed in this task.

\*\*\*\*\*  
I hereby certify that all statements in this form are true and correct, to the best of my knowledge, and I agree and understand that any misstatements of material facts may be cause for non-selection or disqualification, and if selected, may be cause for termination.

I further request and authorize the employer, his agent, and/or contact person named herein, to furnish verification of the statements made herein and/or employment information as may be requested by the Department of Human Resources.

Date \_\_\_\_\_

Signature \_\_\_\_\_