



Oglala Sioux Tribe Department of Public Safety

PO Box 300 Pine Ridge, South Dakota 57770
Phone (605) 867-5141 Fax (605) 867-5953



Required Documents for this OST DPS Application

ADMINISTRATIVE & TELECOMMUNICATIONS POSITIONS

Please attach a copy of the following:

- . High School Diploma or GED;
- . Social Security Card;
- . Valid state issued driver's license;
- . Tribal Enrollment (if claiming Indian Preference);
- . DD-214 (if claiming Veteran's Preference); and,
- . Training certificates or college transcripts;

Applicants are encouraged to submit a resume in addition to the application, since this provides a better opportunity for personnel to assess your education and experience; skills and abilities.

While the Department may conduct Credit Checks, a low or no credit score will not be the basis for disqualifying any applicant.

- . Applicants applying for the above stated Positions within the Oglala Sioux Tribe Department of Public Safety **are not required** to submit a physical (Certificate of Medical Examination) upon submitting their application, however in the event that an applicant is appointed or selected to a Administrative Position he/she shall take a medical examination at their own expense to determine his or her medical status within the first two weeks of initial employment, and every year thereafter.
- . Criminal and Civil Background Checks/Investigations will be conducted by the Oglala Sioux Tribe Department of Public Safety.

PRE- HIRING POLICY

IT IS THE POLICY OF THE OGLALA SIOUX TRIBE DEPARTMENT OF PUBLIC SAFETY THAT **ALL** APPLICANTS **MUST** COMPLETE THE FOLLOWING APPLICATION FOR CONSIDERATION OF EMPLOYMENT IN ANY AND ALL CAPACITIES OF OST DEPARTMENT OF PUBLIC SAFETY REGARDLESS OF THEIR PRIOR OR CURRENT EMPLOYMENT WITH OSTDPS.

1. Applicants shall complete and submit all required information with the OST Department of Public Safety job application.
2. Applicant will consent to a background investigation.
3. Applicants applying for Administrative or Telecommunications Positions will not be required to submit a Physical examination document. In the event that an applicant is selected he/she will be required to submit a completed Medical Examination two weeks after their employment, using the OST DPS required form.
4. Applicant shall participate and pass a scheduled Physical Efficiency Battery Test (PEB), **if position requires it.**
5. Applicant is required to take an alcohol/drug test.
6. Must complete and sign all required forms:
 - a. Qualification Inquiry
 - b. Consumer Report
 - c. Authorization for Release of Information
 - d. Domestic Violence Waiver
 - e. Motor Vehicle Operator's License and Driving Record form

I, _____, DO HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE PRE-HIRING POLICY OF THE O.S.T. DEPARTMENT OF PUBLIC SAFETY, AND THAT IF ANY OF THE ABOVE ARE NOT DONE OR IS INCOMPLETE, MY APPLICATION WILL NOT BE CONSIDERED FOR EOMPLYMENT WITH THE O.S.T. DEPARTMENT OF PUBLIC SAFETY.

If you have any questions, please call the OST-Department of Public Safety's Personnel Office at (605) 867-5141- or (605) 867-8116 or 8106

Applicant's Signature & Date

OST-DPS Personnel Staff. Signature

Date

O.S.T. Department of Public Safety
PO Box 300
Pine Ridge South Dakota 57770
(605) 867-5141 or 867-8116, 8117, 8151 Fax: (605) 867-5953

APPLICATION FOR EMPLOYMENT

Position (s) Applied For: _____

Last Name: _____ **First, Middle:** _____

Social Security Number: _____ - _____ - _____ **Date of Birth: (mm/dd/yy)** _____ - _____ - _____

Place of Birth: (give city, state & county) _____

Maiden Names or Other Names Used: _____

Other Identifying Information: Height ft./in.: _____ **Weight:** _____ **Eye Color:** _____

Hair Color: _____ **sex: Male:** _____ **Female:** _____

Mailing Address: _____ **City/State:** _____ **Zip:** _____

Telephone Numbers: Day: _____ **Email** _____

Where Have You Lived: Please list the last four places that you lived, beginning with the most recent and then working backward. Use physical address, if address is "General Delivery" or "Rural Route". Name someone that knew you well at the address.

01. Address: _____ **State:** _____ **Zip:** _____

Person who knew you well: _____

02. Address: _____ **State:** _____ **Zip:** _____

Person who knew you well: _____

03. Address: _____ **State:** _____ **Zip:** _____

Person who knew you well: _____

04. Address: _____ **State:** _____ **Zip:** _____

Person well knew you well: _____

Your Spouse: Indicate your current marital status.

_____ **Single** _____ **Separated** _____ **Divorced** _____ **Widowed** _____ **Married**

Spouse: Please give information of spouse.

Full Name: _____ **Date of Birth:** _____

Other Names used: _____ **Date of Marriage:** _____

Record of Education: Attach transcripts, diploma, and/or certificate for verification.

01. High School Diploma or G.E.D.: _____ **Give name of school and date:** _____

OST DPS APPLICATION ADMINISTRATIVE POSITIONS
2 OF 4

02. College: Please list course (s) of study, year of graduation and/ or degrees: _____

Work Experience: Describe your paid and unpaid work experiences starting from the most recent and working backward. If additional space is needed, attached another sheet of paper, making sure your name and other identifiers are on the paper. We also encourage submission of complete, updated resumes in place of the following job listing.

01. Job Title: _____ **from (mm//dd//yy):** _____ **to (mm//dd//yy):** _____

Salary: _____ **per:** _____ **Hours per week:** _____

Reason for leaving: _____

Employer's Name: _____ **Supervisor's Name:** _____

Address: _____ **Phone: ()** _____ - _____

Briefly describe your duties and accomplishments: _____

02. Job Title: _____ **from (mm//dd//yy):** _____ **to (mm//dd//yy):** _____

Salary: _____ **per:** _____ **Hours per week:** _____

Reason for leaving: _____

Employer's Name: _____ **Supervisor's Name:** _____

Address: _____ **Phone: ()** _____ - _____

Briefly describe your duties and accomplishments: _____

03. Job Title: _____ **from (mm//dd//yy):** _____ **to (mm//dd//yy):** _____

Salary: _____ **per:** _____ **Hours per week:** _____

Reason for leaving: _____

Employer's Name: _____ **Supervisor's Name:** _____

Address: _____ **Phone: ()** _____ - _____

Briefly describe your duties and accomplishments: _____

OST DPS APPLICATION ADMINISTRATIVE POSITIONS
3 OF 3

04. Job Title: _____ **from (mm//dd//yy):** _____ **to (mm//dd//yy):** _____

Salary: _____ **per:** _____ **Hours per week:** _____

Reason for leaving: _____

Employer's Name: _____ **Supervisor's Name:** _____

Address: _____ **Phone:** () _____ - _____

Briefly describe your duties and accomplishments: _____

May we contact your current or former employer or supervisor? Yes _____ **No:** _____

If yes please give the name and phone number: _____

GENERAL:

Are you a U.S. citizen? Yes _____ **No:** _____ **if no, name the country in which you are a citizen:**

Have you served in the United States military service? Yes _____ **No** _____ **If yes please indicate the branch and the dates of which you served.**

Do you claim Veteran's Preference? Yes _____ **No** _____ **If claiming Veteran's Preference, please attach a copy of your DD-214 (discharge document) Long Form.**

References: List three (3) references, name, address, telephone number and email address. **(DO NOT LIST IMMEDIATE FAMILY MEMBERS).**

01. _____

02. _____

03. _____

PERSONAL DECLARATION:

01. Have you ever been charged with or convicted of a misdemeanor? Yes _____ **No** _____

If yes, please explain (give date and location): _____

02. Have you ever been charged with or convicted of a felony offense? Yes _____ **No** _____

If yes, please explain (give date and location): _____

OST DPS APPLICATION ADMINISTRATIVE POSITIONS

4 OF 4

03. Are there currently any charges pending against you for any criminal offense? Yes ___ No ___

If yes, please explain (give date and location): _____

04. Have you ever been charged with or convicted of any offense(s) related to drugs or alcohol? Yes ___ No ___

If yes, please explain: _____

05. Are you now on parole or probation? Yes ___ No ___

If yes, please explain: _____

06. Do you use or have you ever used any illegal drugs or substance of any kind? Yes ___ No ___

If yes, please explain and list dates: _____

07. Have you ever used alcohol beverages that resulted in any alcohol related treatment or counseling?

Yes ___ No ___ if yes please give location and list dates: _____

08. Have you ever been terminated for cause from any job? Yes ___ No ___

If yes, please explain:

NOTE:

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS OF PAPER.

CERTIFICATION:

I am aware that willfully withholding information or making false statements on this application constitutes a violation of Section 1001 of Title 18, United States Code and if appointed, will be the basis for dismissal from the O.S.T. Department of Public Safety. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge and that any or all items contained herein are subject to investigation as prescribed by law. I consent to the release of information concerning my capacity and fitness by employers, educational institutes, law enforcements agencies, health care facilities and other individuals and agencies to duly accredited investigators, personnel staff and other authorized employees of the O.S.T. Department of Public Safety.

Signature Date





Oglala Sioux Tribe

Department of Public Safety

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AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, hereby authorize the Oglala Sioux Tribe Department of Public Safety Personnel Office or its authorized representative's bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment records, arrest records, educational records including, but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary records; medical records; military records; and financial records. I hereby direct you to release such information upon request of the bearer. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I, further authorize the Oglala Sioux Tribe Department of Public Safety Personnel Office to conduct a full criminal history, background check and fingerprinting on me in order to determine my suitability and efficiency of service as mandated by the Indian Child Protection and family Violence Prevention Act, U.S.C. 25, Part 63, (63.10), (63.11), (63.12), (63.14), (63.15); 25 U.S.C. Part 12, (12.32). I understand that I may request a copy of such records as may be available to me under the law.

This release is executed with full knowledge and understanding that the information be for Oglala Sioux Tribe Department of Public Safety's official use only and this Release is effective for only one (1) Calendar Year 365 days from the date signed. Should there be any questions as to the validity of this release, you may contact Oglala Sioux Tribe Department of Public Safety Personnel Office (605) 867-5141 ext. 8116 or 8106.

Print Full Name: _____
FIRST MIDDLE LAST

Signature: _____

Social Security Number: _____

Date of Birth: _____

Date: _____

Disclosure on Intention to obtain a Consumer Report
For Employment Purposes

In accordance with the Fair Credit Reporting Act, Section 604(b)(2)(A), the OST Department of Public Safety, may obtain a consumer report on all individuals who apply for new employment, or current employees for retention or promotion.

Consumer's Name: _____ Spouse: _____

Address: _____

Previous Address: _____

Social Security #: _____

Employment: _____

Signature & Date



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DOMESTIC VIOLENCE WAIVER

The information obtained from this inquiry will be used to determine whether under the new legislation, 18 U.S.C. Section 922 (g)(9), you are barred from possessing a firearm. Reassignment or other administrative action may be necessary based on the information provided in this questionnaire.

YOU MUST COMPLETE THIS QUALIFICATION INQUIRY AND PROVIDE IT TO YOUR IMMEDIATE SUPERVISOR WITHIN TEN (10) WORKING DAYS OF RECEIPT. REFUSAL OR FAILURE TO RESPOND, OR SUBMITTING RESPONSES THAT ARE INCOMPLETE OR UNTRUE, MAY BE GROUNDS FOR DISCIPLINARY ACTION, UP TO AND INCLUDING REMOVAL.

Neither your answers, nor any information or evidence obtained by reason of your answers, can be used against you in any criminal prosecution for violation of 18 U.S.C. Sec. 922 (g)(9). However, the answers you furnish and any information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and may be a basis for agency disciplinary action.

The law 18 U.S.C. Sec 922 (g)(9) makes it a felony for anyone who has been convicted under federal or state law of a misdemeanor crime of domestic violence to possess any firearm or ammunition. A "misdemeanor crime of domestic violence" is defined generally as any offense whether or not explicitly described in a statute as a crime of domestic violence—which has as its factual basis the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victim's current or former domestic partner, parent or guardian. The law further provides:

(B)(i) A person shall not be considered to have been convicted of such an offense for purposes of this chapter unless-

(I) the person was represented by counsel in the case, or knowingly and intelligently waived the right to counsel in the case; and

(II) in the case of a prosecution for an offense described in the paragraph for which a person was entitled to a jury trial in the jurisdiction in which the case was tried, either

(aa) the case was tried by a jury, or

(bb) the person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

(ii) A person shall not be considered to have been convicted of such an offense for purposes of this chapter if the conviction has been expunged or set aside, or is an offense for which the person has been pardoned or has had civil rights restored...unless the pardon, expungement or restoration of civil rights expressly

provides that the person may not ship, transport, possess, or receive firearms.

Certification: To resolve any questions whether you are affected by the statute—that is, whether you ever have been convicted of a misdemeanor crime of domestic violence within the meaning of the statute - you should contact your immediate supervisor, your agency ethics officer, a union representative, or a private attorney.

1) Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of the statute?

Initial and date: YES NO I am not certain

2) If you answered “yes) to the first question, please provide the following information with respect to the conviction.

Court/Jurisdiction: _____

Docket/Case Number: _____

Statute/Charge: _____

Date Sentenced: _____

3) If you answered “yes” to the first question, was that conviction expunged or set aside or have you been pardoned for the offense or otherwise had your civil rights restored without a continuing prohibition of the use or possess of firearms or ammunition?

Initial and date: YES NO

If you answered “yes” to this question, please provide documentation of the expungement, set aside or pardon.

IF YOU ANSWERED “YES” OR “I AM NOT CERTAIN” TO THE FIRST QUESTION, UNTIL YOU PROVIDE DOCUMENTATION OF ANY EXPUNGEMENT, SET ASIDE OR PARDON, YOU MUST IMMEDIATELY TURN OVER ANY GOVERNMENT ISSUED FIREARMS OR AMMUNITION TO YOUR SUPERVISOR. ADDITIONALLY, YOUR AUTHORIZATION TO CARRY A GOVERNMENT-OWNED OR PERSONALLY OWNED FIREARM AND AMMUNITION IS RESCINDED.

I hereby certify that, to the best of my information and belief, all the information provided by me is true, correct and complete. I understand that false or fraudulent information provided herein may be grounds for adverse personnel action, up to and including removal, and also is criminally punishable pursuant to Federal Law, including 18 U.S.C. Section 1001.

A conviction "within the meaning of the statute" means those convictions that have not been expunged or set aside, or for which the individual has not received a pardon.

Name: _____
(Print)

Signature: _____ Date: _____

Qualification Inquiry
Indian Child Protection and Family Violence Prevention
Indian Country Law Enforcement

The information obtained from this inquiry will be used to determine whether under the new legislation 25 U.S. C. Part 63, (63.10), (63.11.), (63.12), (63.14), (63.15); 25 U.S.C. Part 12, (12.32), you are barred from regular contact or control over Indian children. Reassignment or other administrative action may be necessary based on the information provided in this questionnaire.

You must complete this Qualification Inquiry and provide it to your immediate supervisor within ten (10) working days of receipt. Refusal or Failure to respond, or submitting responses that are incomplete or untrue may be grounds for disciplinary action, up to and including removal.

Your answers, or any information or evidence obtained by reason of your answers will be used to determine your suitability to be in a position where you may have regular contact or control over Indian children. However the answers you furnish and any information or evidence resulting therefore may be used against you in a prosecution for knowingly and willfully providing false statements or information and may be a basis for denying you employment with the Oglala Sioux Department of Public Safety.

The law 25 U.S.C. 1, Part 63, (63.10), (63.11), (63.12), (63.14), (63.15); 25 U.S.C Part 12, (12.32) requires that Minimum standards of character are established by an employer and refer to identifiable character traits and past conduct. An employer may use character traits and past conduct to determine whether an applicant, volunteer, or employee can effectively perform the duties of a particular position without risk of harm to others. The law further provides:

Sec. 63.10 Purpose. The purpose of this part is to establish:

- (a) Procedures for determining suitability for employment and efficiency of service as mandated by the Indian Child Protection and Family Violence Prevention Act; and
- (b) Minimum standards of character to ensure that individuals having regular contact with or control over Indian children have not been convicted of certain types of crimes or acted in a manner that placed others at risk or raised questions about their trustworthiness

Sec. 63.11 What is a determination of suitability for employment and efficiency of service?

(a) Determinations of suitability measure the fitness or eligibility of an applicant, volunteer, or employee for a particular position. Suitability for employment does not evaluate an applicant's education, skills, knowledge, experience, etc. Rather, it requires that the employer investigate the background of each applicant, volunteer, and employee to:

- (1) Determine the degree of risk the applicant, volunteer, or employee brings to the position; and
 - (2) Certify that the applicant's, volunteer's, or employee's past conduct would not interfere with his/her performance of duties, nor would it create an immediate or long-term risk for any Indian child.
- (b) Efficiency of service is the employer's verification that the applicant or employee is able to perform the duties and responsibilities of the position, and his/her presence on the job will not inhibit other employees or the agency from performing their functions.

Sec. 63.14 What positions require a background investigation and determination of suitability for employment or retention? All positions that allow an applicant, employee, or volunteer regular contact with or control over Indian children are subject to a background investigation and determination of suitability for employment.

Sec. 63.15 What questions should an employer ask?

Employment applications must:

- (a) Ask whether the applicant, volunteer, or employee has been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons;

(b) Ask the disposition of the arrest or charge;

(c) Require that an applicant, volunteer or employee sign, under penalty of perjury, a statement verifying the truth of all information provided in the employment application; and

(d) Inform the applicant, volunteer or employee that a criminal history record check is a condition of employment and require the applicant, volunteer or employee to consent, in writing, to a record check .

25. U.S.C. Part 12 , Sec. 12.32 Do minimum employment standards include a background investigation?

Law enforcement authority is only entrusted to personnel possessing adequate education and/or experience, training, aptitude and high moral character. All Indian country law enforcement programs receiving Federal funding and/or authority must ensure that all law enforcement officers successfully complete a thorough background investigation no less stringent than required of a Federal officer performing the same duties. The background investigations of applicants and employees must be adjudicated by trained and qualified security professionals. All background investigations must be documented and available for inspection by the Bureau of Indian Affairs.

Certification To resolve any question whether you are affected by the statute- that is whether you have been convicted of a misdemeanor crime. Have you ever been charged with or entered a guilty plea, plead nolo contendere (no contest) or convicted of a misdemeanor crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution, or crimes against a person? within the meaning of the statute - you should contact your immediate supervisor, your agency ethics officer, a union representative, or a private attorney.

1. Have you ever been charged with or entered a guilty plea, plead nolo contendere (no contest) or convicted of a misdemeanor crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution, or crimes against a person? within the meaning of the statute?

Initial and date: Yes _____ No: _____ I am not certain: _____

2. If you answered “yes” to the first question, please provide the following information with respect to the conviction:

Court/Jurisdiction: _____

Docket/Case Number: _____

Statute/Charge: _____

Date Sentenced: _____

3. If you answered ‘yes’ to the first question, was the conviction expunged or set aside or have you been pardoned for the offense or otherwise had your civil rights restored without a continuing prohibition of ?

Initial and date: Yes: _____ No: _____

If you answer ‘yes’ to this question, please provide documentation of the expungement, set aside or pardon.

4. Have you ever been charged with or entered a guilty plea, plead nolo contendere (no contest) or convicted of a felony crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution, or crimes against a person? Within the meaning of the statute?

Initial and date: Yes _____ No: _____ I am not certain: _____

5. If you answered “yes” to the second question, please provide the following information with respect to the conviction:

Court/Jurisdiction: _____

Docket/Case Number: _____

Statute/Charge: _____

Date Sentenced: _____

6. Have you ever been charged with or entered a guilty plea, plead nolo contendere (no contest) or convicted of a crime involving a child, within the meaning of the statute?

Initial and date: Yes _____ No: _____ I am not certain: _____

7. If you answered "yes" to the third question, please provide the following information with respect to the conviction:

Court/Jurisdiction: _____

Docket/Case Number: _____

Statute/Charge: _____

Date Sentenced: _____

9. If you answered 'yes' to the third question, was the conviction expunged or set aside or have you been pardoned for the offense or otherwise had your civil rights restored without a continuing prohibition of ?

Initial and date: Yes: _____ No: _____

If you answered "yes" or I am uncertain" to any of the questions, until you provide documentation of any expungement, set aside or pardon, The answers you furnish and any information or evidence resulting therefore may be used against you in a prosecution for knowingly and willfully providing false statements or information and may be a basis for denying you employment with the Oglala Sioux Department of Public Safety.

I hereby certify that to the best of my information and belief, all of the information provided by me is true, correct and complete. I understand that false or fraudulent information provided herein may be grounds for adverse personnel action, up to and including removal and also is criminally punishable pursuant to federal law.

Name: _____

Signature: _____

Date: _____

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| OGLALA SIOUX TRIBE DEPARTMENT OF PUBLIC SAFETY MOTOR VEHICLE OPERATOR'S LICENSE AND DRIVING RECORD <i>(See Privacy Act Information on reverse)</i> | | IF NEEDED THIS SECTION WILL BE COMPLETED BY HUMAN RESOURCES | |
| | | OGLALA SIOUX TRIBE DEPARTMENT OF PUBLIC SAFETY CARD NUMBER OR ID NUMBER | |
| APPLICANT'S NAME (Last, First, Middle initial) | | DATE ISSUED | DATE EXPIRES |
| NAME OF ORGANIZATION OGLALA SIOUX TRIBE DEPARTMENT OF PUBLIC SAFETY | OFFICE TELEPHONE NUMBER (605) 867-5141 | VEHICLE(S) APPLICANT REQUEST TO OPERATE (See Section V) | |
| OFFICE MAILING ADDRESS (include ZIP CODE) Oglala Sioux Tribe, Department of Public Safety P.O. Box 300 Pine Ridge, South Dakota 57770 | | <input type="checkbox"/> TYPE A <input type="checkbox"/> TYPE B <input type="checkbox"/> TYPE C <input type="checkbox"/> TYPE D <input type="checkbox"/> TYPE E (Specify particular type) | |

SECTION I – PERSONAL DATA FROM CURRENT DRIVERS LICENSE

| | | | | | | | |
|--------------------------------------------|----------------|-------------|--------------|-------------------------------|---------------|----------|--------|
| STATE | LICENSE NUMBER | DATE ISSUED | DATE EXPIRES | RESTRICTIONS ON STATE LICENSE | | | |
| STATE LICENSE TO OPERATE (Specify vehicle) | SEX | BIRTH DATE | | COLOR OF HAIR | COLOR OF EYES | HEIGHT | WEIGHT |
| RESIDENTIAL ADDRESS | | CITY | | STATE | | ZIP CODE | |

SECTION II – DRIVING RECORD

A – RECORD OF TYPES OF VEHICLES DRIVEN DURING PAST FOUR YEARS

| | | |
|--------------------------|------------------------|-----------------------|
| TYPES OF VEHICLES DRIVEN | ESTIMATED MILES DRIVEN | ESTIMATED DAYS DRIVEN |
| | | |

B – RECORD OF DRIVING CONVICTIONS (Except Parking) DURING PAST FOUR YEARS

| | | | |
|------|-----------------------------|----------------|--------------|
| DATE | NATURE OR TYPE OF VIOLATION | CITY AND STATE | ACTION TAKEN |
| | | | |

C – RECORD OF ACCIDENTS DURING PAST FOUR YEARS

| | | | |
|------|--------------------|----------------|--------------|
| DATE | NATURE OF ACCIDENT | CITY AND STATE | ACTION TAKEN |
| | | | |

D – RECORD OF SUSPENSION OR REVOCATION OF LICENSE DURING PAST FOUR YEARS

| | | | |
|------|-------------------------------------|----------------|--------------|
| DATE | REASON FOR SUSPENSION OR REVOCATION | CITY AND STATE | ACTION TAKEN |
| | | | |

SECTION II – DRIVING RECORD (Continued)

E. RECORD OF CONVICTIONS OPERATING UNDER THE INFLUENCE OF ALCOHOL, NARCOTICS OR PATHOGENIC DRUGS

| DATE | REASON FOR CONVICTION | CITY AND STATE | ACTION TAKEN |
|------|-----------------------|----------------|--------------|
| | | | |

F. RECORD OF ABUSE OR NEGLIGENCE TO OR UNAUTHORIZED USE OF GOVERNMENT VEHICLES

| DATE | INFRACTION | ORGANIZATION, CITY AND STATE | ACTION TAKEN |
|------|------------|------------------------------|--------------|
| | | | |

SECTION III – APPLICANT'S CERTIFICATION

FALSE STATEMENT IN THIS APPLICATION MAY RESULT IN DENIAL, SUSPENSION, OR REVOCATION OF IDENTIFICATION CARD. I CERTIFY THAT THE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

| | |
|-----------------------|-------------|
| APPLICANT'S SIGNATURE | DATE SIGNED |
| | |

SECTION IV – SUPERVISORY OR OST HUMAN RESOURCES REVIEW

APPLICANT IN MY OPINION IS IS NOT CONSIDERED QUALIFIED TO SAFELY OPERATE THE VEHICLE(S) FOR WHICH AUTHORIZATION IS REQUESTED. (Explain if needed)

| | | |
|-------------------------------------------|-------|-------------|
| SUPERVISOR'S OR HUMAN RESOURCES SIGNATURE | TITLE | DATE SIGNED |
| | | |

SECTION V – CERTIFICATION OF ELIGIBILITY AND AUTHORIZATION

TYPES OF VEHICLES AUTHORIZED TO OPERATE

- TYPE A - PASSENGER CARS, STATION WAGONS, CARRYALLS, AND TWO-WHEELED DRIVE TRUCKS, ONE TON AND UNDER
- TYPE B - ALL TRUCKS OVER ONE TON AND VEHICLES WITH MORE THAN TWO-WHEELED DRIVE – EXCEPT THOSE LISTED UNDER TYPES C, D, AND E.
- TYPE C - TRACTOR-TRAILER VEHICLES, AND OTHER TRAILER PULLING VEHICLES – INCLUDING SEDANS ETC. WHEN SUCH VEHICLES ARE USED TO PULL TRAILERS.
- TYPE D - PASSENGER CARRYING BUSES.
- TYPE E - SPECIAL PURPOSE VEHICLES SUCH AS AMBULANCES, FIRE APPARATUS, WRECKERS, CRANES, GRADERS, EARTH MOVING EQUIPMENT, AND OVERSIDED VEHICLES. (Specify particular type.)

| | | |
|----------------------------------|--------------|------|
| SIGNATURE OF CERTIFYING OFFICIAL | ORGANIZATION | DATE |
| | | |

REMARKS

IN COMPLIANCE WITH THE PRIVACY ACT OF 1974, the following information is provided: Solicitation of the information is authorized by the Federal Property Administrative Services Act of 1949, as amended. Authority for solicitation is Executive Order 9397, dated November 22, 1943. Disclosure of the information is voluntary. The principal purposes are (1) to provide necessary data to determine whether the applicant is competent to operate a Federal motor vehicle; and (2) to provide a written record of the applicant's previous driving record, physical fitness, and ability. The information contained on this form may be transferred outside GSA as a routine use to appropriate Federal, State, or local organizations when relevant to civil, criminal, and regulation investigation or prosecution or pursuant to a request by GSA or such other agency in connection with the hiring or retention of an employee, the issuance of a security clearance, the investigations of an employee. The letting of a contract, or the issuance of a license, grant, or other benefit. Failure to provide requested information may result in denial of the applicant's request for a motor vehicle operator's identification card.