

*Please carefully review printing and distribution instructions below the signature line at the bottom of this page.

ARKANSAS STATE POLICE

VERIFICATION OF EMPLOYMENT FOR POSSIBLE EXEMPTION OF SKILLS TEST

Name:		Address:	
City:	State:	Zip:	
SSN:	DL Number:	Home Phone:	

VERIFICATION OF ALL EMPLOYMENT FOR THE PAST TWO (2) YEARS			
Current Employer:		Address:	
State:	Zip:	Phone:	
Dates of Employment:	From:	To:	
Type of Vehicle You Have Been Driving?			
<input type="checkbox"/> Combination Vehicle	GVWR Power Unit <input type="checkbox"/>		GVWR Trailer
Air Brake Equipped? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Single Vehicle	GVWR Power Unit		GVWR Trailer
Air Brake Equipped? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No		
Vehicle designed to transport 16 persons or more, including driver.			
GVWR		Air Brake Equipped? <input type="checkbox"/> Yes	
Experiences Driving Commercial Vehicles: List number of days this type of Commercial Vehicle was driven in the last 24 _____			

CURRENT EMPLOYER VERIFICATION

By certifying you are verifying information provided for this application is true.

I CERTIFY THE ABOVE INFORMATION UNDER CURRENT EMPLOYER TO BE TRUE.

NOTICE: Any person giving false information is subject to prosecution under Arkansas Code 27-23-114(h) (1) (A), (B), (C), (2) (A) and (B). This could result in a maximum penalty of \$5,000 or be imprisoned up to one (1) year or both.

Print Name _____ Title _____ Phone _____

Signature: _____ Date: _____

If additional employer(s), please attach sheet.			
Previous Employer:		Address:	
State:	Zip:	Phone:	
Dates of Employment	From:	To:	
Type of Vehicle You Have Been Driving?			
<input type="checkbox"/> Combination Vehicle	GVWR Power Unit		GVWR Trailer
Air Brake Equipped? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Single Vehicle	GVWR Power Unit		GVWR Trailer
Air Brake Equipped? <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> No		
Vehicle designed to transport 16 persons or more, including driver.			
GVWR		Air Brake Equipped? <input type="checkbox"/> Yes	
Experiences Driving Commercial Vehicles: List number of days this type of Commercial Vehicle was driven in the last 24 months. _____			

APPLICANT VERIFICATION I

CERTIFY THE ABOVE INFORMATION TO BE TRUE.

NOTICE: Any person giving false information is subject to prosecution under Arkansas Code 27-23-114(h) (1) (A), (B), (C), (2) (A) and (B). This could result in a maximum penalty of \$5,000 or be imprisoned up to one (1) year or both.

Signature: _____ Date: _____

PLEASE PRESENT THIS COMPLETED FORM TO AN EXAMINER AT THE TIME OF KNOWLEDGE TESTING.

Print two copies of the pre-printed form. Fill-in the requested information with ink pen or typewriter. Submit one completed copy to the Department of Finance & Administration and the second completed copy to the Arkansas State Police.