



ARKANSAS DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Children & Family Services

ARKANSAS STATE VEHICLE SAFETY PROGRAM
ADDITIONAL REQUIREMENTS FOR DCFS DRIVERS

Acceptance Of The Privilege To Operate A State Vehicle Or A Privately Owned Vehicle On State Business And Claim Mileage Reimbursement

I have read, understand and accept all of the responsibilities placed upon me while operating a state vehicle or a privately owned vehicle on state business and claiming mileage reimbursement. I fully understand that: [Read and initial each of the eight items of information below]

Initials

Read Each Item of Information Carefully

- 1. I may not waive mileage reimbursement while driving on state business in order to perform my job functions unless a signed waiver of the requirements is obtained from DHHS.
2. DCFS will not accept any type of temporary, restricted or suspended driver's license resulting from traffic violations as a valid driver's license for operating a state vehicle or operating a private vehicle on state business, transporting children or claiming mileage reimbursement.
3. If as a result of my driving record, I am unable to perform my DCFS driving duties, I may have this driving privilege revoked or my employment application rejected or employment terminated.
4. if driving is a requirement for performing my job duties a DW (driving while intoxicated) or DUI (driving under the influence) whether or not this action occurs while in the performance of my job duties, will automatically result in termination without prejudice regardless of the driver's total number of driving violation points.
5. I understand that if I receive a ticket for any moving violation or at fault accident with passengers (including DCFS clients and/or employees) in a vehicle while performing state business I will be suspended without pay.
6. Any action that involves child safety such as driving without proper safety restraints will automatically result in a review by the DCFS Director and can be considered as grounds for termination regardless of the driver's total number of driving violation points.
7. I will report all traffic violations and/or accidents that occur on state business or on my personal time to my supervisor within 24 hours of occurrence or by the next working day after a weekend or holiday.
8. A legible copy of the ticket issued to me for any violation will be submitted to the Vehicle Safety Program, P.O. Box 1473, Slot S-561 or faxed to (501) 683-5421. Violations will NOT be voided by probationary or civil status.

My affiliation with DCFS is (Check One) [] Employee [] Job Applicant [] Other DCFS Affiliate

Name (Print)

Signature

Date

CERTIFICATION STATEMENT

I have reviewed this form and certify that the person named above has **initialed** all eight (8) items of information indicating that he or she has **read** and **understands** these additional requirements of the Arkansas State Vehicle Safety Program for DCFS drivers **and** has **signed** and **dated** the form.

[Check one] Hiring Official / Supervisor or Supervisor's Designee / Program Manager

Name (Print)

Signature

Date

CFS-593

Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers

PURPOSE

The CFS-593 is used to certify that all persons affiliated with DCFS have read and understand the additional requirements for their mandatory participation in the Arkansas State Vehicle Safety Program (ASVSP).

INSTRUCTIONS FOR THE CFS-593

- A. The form must be **completed** and **certified**:
1. Job applicants will complete this form **AND** the Hiring Official will certify it **before** the person may be selected for a position within the Division.
 2. DCFS employees will complete this form **AND** their supervisor or the supervisor's designee will certify it.
 3. DCFS affiliates will complete this form **AND** the organizational staff member assisting the affiliate will certify it.
- B. The DCFS employee **or** job applicant **or** DCFS affiliate, who fills out the form, will:
1. Read all eight of the numbered items on page 1 **and** sign his or her **INITIALS** to the left of each item, indicating that he or she has **read** and **understands** each item;
 2. Check **only** one box to indicate if he or she is a DCFS Employee, **or** Job Applicant, **or** DCFS Affiliate;
 3. Print his or her name **and** sign and date the form.
- C. The Hiring Official **or** Supervisor/Supervisor's Designee **or** Program Manager will:
1. Check one box under "Certification Statement" indicating, which one they are;
 2. Print his or her name **and** sign and date the form.

Routing

- A. Send the original, completed form with the packet of documents being prepared (i.e. hire packet).
- B. Send a copy to the DCFS Vehicle Safety Program Manager, Slot S561 or Fax a copy to (501) 683-5421.
- C. Give a copy to the DCFS Employee **or** Job Applicant **or** DCFS Affiliate.