STATE OF CALIFORNIA
Department of Motor Vehicles

DEPARTMENT OF MOTOR VEHICLES

401-8727-004

POSITION DUTY STATEMENT

Division: Legal Affairs Division	**Classification Title**: 8727 Driver Safety Hearing Officer
Branch: Driver Safety Branch	**Working Title**: Driver Safety Hearing Officer
Unit: Driver Safety HQTS Sacramento	**Tenure/Timebase**: Permanent Fulltime
Position City: Oakland	**Position County**: Alameda County
Position Number: 401-8727-004	**CBID/Bargaining Unit**: R01
Conflict of Interest Classification: No This position is designated under the Conflict of Interest Code. This position is responsible for making or participating in the making of governmental decisions that may potentially have a material effect on personal financial interests. The appointee is required to complete Form 700 within 30 days of appointment. Failure to comply with the Conflict of Interest Code requirements may void the appointment.	
Medical Evaluation: No	**Bilingual Language**: Unknown
Sensitive Position: No	**DMV Employee Pull Notice**: Yes
Fingerprint/Live Scan: Yes	**Professional License**: No
Work Week Group: 2	**Date Approved**:

Direction Statement and General Description of Duties: This position is Headquartered in Sacramento and based out of Oakland.

Under the direction of the Driver Safety Manager I: Reviews financial responsibility and driver records; conduct interviews, reexaminations, and hearings relative to the modification, reinstatement, granting, or withdrawal of the driving privilege in cases involving drivers with physical or mental problems, negligent vehicle operation, fraudulent activity, or noncompliance with the Administrative Per Se (APS) statute; function in a lead capacity; and perform other related work.

Percentage and Essential/Marginal Functions:

30%	**Administrative Contacts (E)** Conducts reexaminations and administrative hearings involving complex and multiple issues in accordance with statutory provisions, including but not limited to Physical and Mental, APS, Negligent Operator, Financial Responsibility, Fraud, and Special Certificates.
30%	**Written Communication (E)** Writes legal reports detailing case issues, findings, and decisions. Submits findings of fact and conclusions of law to the respondent, the representative of the respondent, and the file. Renders a decision based upon the hearing proceedings, in accordance with statutory provisions. Issues appropriate orders and notices of decision to customers in writing.
25%	**Analytical Decision Making (E)** Analyzes administrative, medical, and legal documents to verify accuracy impacting an action pending or taken against a CA drivers' driving privilege, a certification, or an endorsement. According to statute, case law, and DMV policies and procedures, verifies evidence, to make findings of fact regarding driving privileges.
10%	**Department Community Liaison (M)** Maintains communication with the medical community, legal community, law enforcement agencies, and other stakeholders within the assigned Driver Safety Region.
5%	**Miscellaneous (M)** Other job-related duties as required.

Supervision Received: The Driver Safety Hearing Officer reports to and receives assignments from the Driver Safety Manager I.
Supervision Exercised and Staff Numbers: None.
Physical Requirements: Will be required to sit and type for long periods of time. Occasional filing involves reaching above the head to below the waist.
Special Requirements: Employee Pull Notice (EPN) Program enrollment. Possession of a good driver record (as defined in the classification specifications). Completion of Defensive Driver Training as

required.
Personal Contacts: Interact with departmental staff and the public by telephone, email, in person, and correspondence. Interactions may be general, confidential, sensitive or informative.

EMPLOYEE ACKNOWLEDGMENT

I have read and understand the duties listed above and I certify that I possess essential personal qualifications including integrity, initiative, dependability, good judgment, and the ability to work cooperatively with others; and a state of health consistent with the ability to perform the assigned duties as described above with or without reasonable accommodation. (If you believe you may need to request reasonable accommodation to perform the duties of this position, discuss your request with your manager/supervisor who will engage with you in the interactive process.)

EMPLOYEE NAME	EMPLOYEE SIGNATURE	DATE

MANAGER/SUPERVISOR ACKNOWLEDGMENT

I certify this duty statement represents a current and accurate description of the essential functions of the position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement

MANAGER/SUPERVISOR NAME	MANAGER/SUPERVISOR SIGNATURE	DATE