



TRANSPORTATION CENTER FOR EXCELLENCE

"Where people come to go to work!"
660 Mayhew Lake Road NE (Door A)
St. Cloud, MN 56304
Bus: 320-774-1985 Fax: 320-774-1986

STUDENT APPLICATION

How did you hear about us? _____

Today's Date: _____

What program are you interested in?

- _____ Truck Driver Training Program (**160 Hours**)
- _____ Truck Driver Training Refresher Program (**80 Hours**)
- _____ Truck Driver Training Refresher Program (**40 Hours**)

When would you like to start class? (Date): _____

Full Name (please print): _____

Driver's License Number: _____ **State:** _____ **Expire Date:** _____

Do you currently have a CDL Class A? **Yes No**

If **NO**, do you have your CDL Class A permit? **Yes No**

Birth Date: _____ - _____ - _____

Social Security Number: _____ - _____ - _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Primary Phone: (_____) - _____ **Other Phone:** (_____) - _____ **Best time to reach you?** _____

Email: _____

Are you a U.S Citizen? **Yes No**

If **NO**, are you a permanent Resident? **Yes No**

Are you a Veteran? **Yes No**

Are you currently employed? **Yes No** If **YES**, Where: _____

If **NO**, do you collect unemployment? **Yes No** If **YES**, what county: _____

Do you have any Agriculture background? _____ If **YES**, in what? _____

Do you work with any County Worker/Counselor? **Yes No** If **YES**, in who? _____

To determine OPPORTUNITIES IN PLACEMENT, please complete the questions below to the best of your knowledge

How long have you had your U.S Driver's License? _____ (please circle) **Years or Months**

Have you had any moving violations in the last three years? If **YES**, please explain: _____

Have you had any traffic accidents in the last three years? If **YES**, please explain: _____

Has your license been suspended or revoked in the last five years? If **YES**, when? _____

Have you **EVER** been convicted of a DUI or DWI? If **YES**, when? _____ What **County:** _____

Have you **EVER** been convicted of a crime? If **YES**, please explain: _____ What **County:** _____

Have you **EVER** been on or are you currently on probation? If **YES**, when: _____

Physical qualifications for drivers

Federal Motor Carrier Safety Regulations Handbook. § 391.41

A person subject to this part must not operate a commercial motor vehicle unless he or she is medically certified as physically qualified to do so, and, except as provided in paragraph (a) (2) of this section, when on-duty has on his or her person the original, or a copy, of a current medical examiner's certificate that he or she is physically qualified to drive a commercial motor vehicle. NOTE: Effective December 29, 1991, the FMCSA Administrator determined that the new Licencia Federal de Conductor issued by the United Mexican States is recognized as proof of medical fitness to drive a CMV.

The United States and Canada entered into a Reciprocity Agreement, effective March 30, 1999, recognizing that a Canadian commercial driver's license is proof of medical fitness to drive a CMV. Therefore, Canadian and Mexican CMV drivers are not required to have in their possession a medical examiner's certificate if the driver has been issued, and possesses, a valid commercial driver license issued by the United Mexican States, or a Canadian Province or Territory and whose license and medical status, including any waiver or exemption, can be electronically verified. Drivers from any of the countries who have received a medical authorization that deviates from the mutually accepted compatible medical standards of the resident country are not qualified to drive a CMV in the other countries. For example, Canadian drivers who do not meet the medical fitness provisions of the Canadian National Safety Code for Motor Carriers, but are issued a waiver by one of the Canadian Provinces or Territories, are not qualified to drive a CMV in the United States. In addition, U.S. drivers who received a medical variance from FMCSA are not qualified to drive a CMV in Canada.

A person who qualifies for the medical examiner's certificate by virtue of having obtained a medical variance from FMCSA, in the form of an exemption letter or a skill performance evaluation certificate, must have on his or her person a copy of the variance documentation when on-duty.

CDL exception----

- Beginning January 30, 2014, a driver required to have a commercial driver's license under part 383 of this chapter, and who submitted a current medical examiner's certificate to the State in accordance with § 383.71(h) of this chapter documenting that he or she meets the physical qualification requirements of this part, no longer needs to carry on his or her person the medical examiner's certificate specified at § 391.43(h), or a copy for more than 15 days after the date it was issued as valid proof of medical certification.
 - A CDL holder required by § 383.71(h) to obtain a medical examiner's certificate, who obtained such by virtue of having obtained a medical variance from FMCSA, must continue to have in his or her possession the original or copy of that medical variance documentation at all times when on-duty.
 - A person is physically qualified to drive a commercial motor vehicle if:
 - That person meets the physical qualification standards in paragraph (b) of this section and has complied with the medical examination requirements in § 391.43; or
 - That person obtained from FMCSA a medical variance from the physical qualification standards in paragraph (b) of this section and has complied with the medical examination requirement in § 391.43.
 - A person is physically qualified to drive a commercial motor vehicle if that person—
 - Has no loss of a foot, a leg, a hand, or an arm, or has been granted a skill performance evaluation certificate pursuant to § 391.49;
 - **Has no impairment of:**
 - ✚ A hand or finger which interferes with prehension or power grasping; or
 - ✚ An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a skill performance evaluation certificate pursuant to § 391.49.
 - ✚ Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
 - ✚ Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
 - ✚ Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his/her ability to control and drive a commercial motor vehicle safely;
 - ✚ Has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a commercial motor vehicle safely;
 - ✚ Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his/her ability to control and operate a commercial motor vehicle safely;
 - ✚ Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle;
 - ✚ Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his/her ability to drive a commercial motor vehicle safely;
 - ✚ Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;
 - ✚ First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5—1951.
- Does not use any drug or substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or other habit-forming drug.
- Does not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in § 382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.
- Has no current clinical diagnosis of alcoholism.

Please **Carefully** Read the Following --

TRAINING DISCLOSURE STATEMENT

1. You must be at least eighteen (**18**) years of age to drive intrastate and twenty-one (**21**) to drive interstate.
2. You must have had a valid U.S driver's license and experience driving a personal vehicle for at least one (**1**) year. If you have a suspended or expired license, you cannot attend until your license is valid.
3. You must have a social security card.
4. You must have an alien registration card if not a U.S citizen.
5. The Department of Transportation (**DOT**) requires that you have the ability to read, speak and write the English language.
6. A motor vehicle report (**MVR**) and criminal background check will be performed. Both will affect job placement. An applicant may enroll in TCE's programs, however the status of the applicant shall not be determined until the results are made available.
7. Transportation Center for Excellence will NOT accept for training any person who has the following:
 - More than three (**3**) moving violations within the last three (**3**) years.
 - Major preventable accidents within the last year.
 - Careless or reckless driving charge as defined under the state or local law within the last three (**3**) years.
 - DUI/DWI conviction within the last three (**3**) years or multiple convictions for DUI/DWI.
 - Misdemeanors and gross misdemeanors will be judge on a case-by-case basis as long as the charges are not drug related.
 - Conviction of a felony sentenced or probated within the last ten (**10**) years. If you have a felony, you will need a pre-hire commitment before attending school.
8. You are required to take and pass a **DOT** drug test coordinated by the school before you start training and you will be subject to random drug testing during training as required by the DOT. And student who fails their drugs test will be asked to leave the school immediately.
9. Any person who knowingly falsifies information to TCE will be subject to immediate termination and sent home.
10. Trucks are built for average body type, therefore if you are extreme in height and/or weight, you may find training difficult. Also, some carriers have heights and weight standards.

I have read and understand the **Physical Qualifications For Drivers**, the **General Qualifications Of Drivers**, and the **Training Disclosure Statement**.

Applicant's Signature

Date

Please **Carefully** Read the Following --

Authorization to Release/Obtain Student Information

Name: _____ / _____ / _____
 First Middle Last

Address: _____
 Street Address City State Zip Code

Date of Birth: _____ / _____ / _____

Driver's License #: _____ **State of Issue:** _____

I hereby authorize Transportation Center for Excellence to:

Release: I authorize TCE, Inc. to obtain a background check including criminal investigations along with motor vehicle report to help in the aid of employment services.

Signature: _____ **Date:** _____

General: I authorize a blanket release to obtain and/or release information for the purposes of assisting in my employment search, and/or verifying student status and transcript. Along with obtaining or releasing information with the third-party or agent funding my training; counselor or caseworker for further assistance.

Signature: _____ **Date:** _____

Media: I give Transportation Center for Excellence permission to release file photos and/ or testimonials for the purposes of marketing and school promotion.

Signature: _____ **Date:** _____

*By my signature above, I acknowledge that this authorization shall remain in effect with Transportation Center for Excellence until I request otherwise, and all information will be held in confidence and compliance with all applicable state and federal laws.