

## APPLICATION FOR EMPLOYMENT

COMPANY Tiger Style/Speed 1 STREET ADDRESS 2803 Cincinnati Dayton Rd  
 CITY, STATE AND ZIP CODE Middletown, OH 45044

NAME \_\_\_\_\_  
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ HIRE DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### PREVIOUS THREE YEARS RESIDENCY

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

\_\_\_\_\_  
 (STREET) (CITY) (STATE & ZIP CODE) # YEARS \_\_\_\_\_

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain \_\_\_\_\_

DRIVER'S ROAD TEST EXAMINATION

Driver's Name \_\_\_\_\_ Phone \_\_\_\_\_

Driver's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor carrier must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign.

Rating of Performance:

- \_\_\_\_\_ The pretrip inspection. (As required by Sec. 392.7)
- \_\_\_\_\_ Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
- \_\_\_\_\_ Placing the equipment in operation
- \_\_\_\_\_ Use of vehicle's controls and emergency equipment
- \_\_\_\_\_ Operating the vehicle in traffic and while passing other vehicles
- \_\_\_\_\_ Turning the vehicle
- \_\_\_\_\_ Braking, and slowing the vehicle by means other than braking
- \_\_\_\_\_ Backing, and parking the vehicle
- \_\_\_\_\_ Other, Explain: \_\_\_\_\_

Type of equipment used in giving test: \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_ Examiner's Signature \_\_\_\_\_

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Remarks: \_\_\_\_\_

\_\_\_\_\_

## CERTIFICATE OF DRIVER'S ROAD TEST

*Instructions:* If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

### CERTIFICATION OF ROAD TEST

Driver's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Operator's or Chauffeur's License Number \_\_\_\_\_

State \_\_\_\_\_

Type of Power Unit \_\_\_\_\_

Type of Trailer(s) \_\_\_\_\_

If passenger carrier, type of bus \_\_\_\_\_

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_, 20\_\_\_\_, consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of Examiner)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Organization and Address of Examinee)

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**SKILL PERFORMANCE EVALUATION CERTIFICATE APPLICATION**

**PLEASE TYPE OR PRINT CLEARLY**

IDENTIFICATION OF APPLICANT

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_  
STATE OF ISSUANCE OF DRIVER'S LICENSE #: \_\_\_\_\_  
DESCRIPTION OF YOUR LIMB IMPAIRMENT OR AMPUTATION: \_\_\_\_\_  
TYPE OF PROSTHESIS WORN, IF APPLICABLE: \_\_\_\_\_

DESCRIPTION OF OPERATION

STATES OF OPERATION: \_\_\_\_\_ TYPE OF CARGO: \_\_\_\_\_  
AVERAGE PERIOD OF DRIVING TIME: \_\_\_\_\_ TYPE OF OPERATION (Sleeper Team, Relay, etc.): \_\_\_\_\_  
NUMBER OF YEARS EXPERIENCE DRIVING TYPE OF VEHICLE IN APPLICATION: \_\_\_\_\_  
NUMBER OF YEARS DRIVING ALL TYPES OF VEHICLES: \_\_\_\_\_

DESCRIPTION OF VEHICLE(S)

VEHICLE TYPE (truck, truck tractor, bus, etc.): \_\_\_\_\_ IF BUS, INDICATE SEATING CAPACITY: \_\_\_\_\_  
MAKE: \_\_\_\_\_ MODEL #: \_\_\_\_\_ YEAR: \_\_\_\_\_  
TRANSMISSION TYPE (automatic or manual): \_\_\_\_\_ # OF FORWARD SPEEDS: \_\_\_\_\_  
IF EQUIPPED WITH AUXILIARY TRANSMISSION, INDICATE # OF FORWARD SPEEDS: \_\_\_\_\_  
REAR AXLE SPEED (designate single speed, 2 speed, 3 speed): \_\_\_\_\_  
TYPE OF BRAKE SYSTEM: \_\_\_\_\_  
STEERING (Manual or power assisted): \_\_\_\_\_  
NUMBER OF SEMITRAILERS OR FULL TRAILERS TO BE TOWED AT ONE TIME: \_\_\_\_\_  
DESCRIPTION OF TRAILER(S) (van, flatbed, cargo tank, lowboy, pole, dump, etc.): \_\_\_\_\_  
DESCRIPTION OF VEHICLE MODIFICATIONS: \_\_\_\_\_

I CERTIFY THAT I AM OTHERWISE QUALIFIED UNDER PART 391 (QUALIFICATION OF DRIVERS) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

**The following information must be submitted with your skill performance evaluation (SPE) certificate application packet:**

1. An unilateral SPE certificate application.
2. A driver employment application.
3. A copy of the results of your medical examination report (medical long form).
4. A copy of your medical examiner's certificate.
5. A medical evaluation summary completed by either a **board qualified or board certified physiatrist** (doctor of physical medicine) or orthopedic surgeon.
6. A copy of the road test and road test certificate or a copy of both sides of your commercial driver's license (CDL).
7. A copy of your State motor vehicle driving record (MVR) for the past 3 years from each State in which you held a driver's license or permit.
8. A copy of your SPE certificate or waiver of certain physical defects issued by individual State(s), where applicable.

Incomplete application packets will be returned. Please review the above requirements before mailing to ensure that all requested information has been included in your SPE certificate application packet. Mail your SPE certificate application packet to the medical program specialist in the service center for the State in which you are a legal resident.

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Signature

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Date