

# Fresno Regional Workforce Development Board

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Blake Konczal, Executive Director

## OPERATIONAL DIRECTIVE

FRWDB OD # 13-20

Date Released: September 11, 2020

**To: All Fresno Regional Workforce Development Board Providers of Services**

**From: Blake Konczal, Executive Director**

**Effective Date: September 11, 2020**

**Subject: Transformative Climate Communities (TCC) Low Emissions Vehicle Professional Truck Driver Training Project**

**Applicable Program: TCC Special Project**

**Revision History: Initial Release**

This Operational Directive (OD) describes the critical requirements and processes to be followed when working on this special project.

The project will provide training, soft skills development, mentorship and job placement for 200 local participants in low emissions truck driving.

### **Population to be served:**

- Age 21 or older, residing in 93706 or 93721 zip code areas.

### **Eligibility Criteria:**

- Fresno County residents.
- Have the legal right-to-work in the United States.
- Have Selective Service registration (for males only).
- Meet one or more priority of service requirements, as described in OD 11-15.

### **Training Pre-Screening Requirements:**

- Must complete Professional Driver Occupational Questionnaire attachment (see page 3).
- Be aware they must pass a background check: No prior felony convictions and/or misdemeanors (reviewed on a case-by-case basis).
- Must pass drug test prior to the start of training as required by training provider.
- Have the ability to read and write English at minimum DOT requirements.
  - Including being able to complete the California DMV pre-trip test and the commercial driving test in English.
  - Read and understand road signage, read and complete logbooks and weigh tickets in English.
  - Be able to understand dispatcher communications and communication with law enforcement.

- Be aware they must complete and pass a DOT physical/vision examination (with blood pressure managed under 160/90), diabetes – cannot be taking insulin shots, and have 20/40 corrected vision. DMV Form: Medical Examination Report DL51 located on the DMV website ([www.dmv.ca.gov](http://www.dmv.ca.gov)).
- Must have a valid Driver License with at least one (1) year driving history.
- Provide a DMV printout for the last ten (10) years – if available.
  - No DUI/DWIs in the last ten (10) years.
  - No more than three (3) moving violations in the last five (5) years and no more than one (1) moving violation within a one (1) year period in the last five (5) years.
  - Have a driving record that does not show a consistent trend of reckless driving patterns or disregard for obeying the law such as multiple violations of:
    - Driving without obtaining a Driver License.
    - Driving with a suspended license, or revoked Driver License.
    - Driving with no insurance or expired registration.
    - Exceeding the speed limit.
    - Improper or erratic lane changes.
    - Running red lights or stop signs.
    - Following a vehicle too closely.
  - No major preventable accidents in the last (5) years. A major accident is defined as:
    - A preventable accident claim in excess of \$10,000.
    - Accidents as a result of a lane change, rear-end collision, roll-over, or U-turn.
  - No preventable accident that resulted in a fatality.
  - No accidents that involved drugs or alcohol.

**Assessment Requirements:**

- WorkKeys®: Must be assessed and achieve levels of Applied Math – 3, Workplace Documents – 4 and Graphic Literacy – 4.
- CASAS as required for eligibility.

**Grant Codes to Be Used for Eligibility:**

- TCC Enrollments Only (Agency Code to be used is 0728)
  - On the application under Non-WIOA Grants, select yes on Local Funded Grants.
  - Under Grants, add Local Funded Grant, Grant ID 773, Transformative Climate Community, FRS181.
- TCC/WIOA Co-enrollments
  - Adult – 201/181 or
  - Dislocated Worker – 501/181 or
  - Youth – 301/181.

**Referrals or Co-Enrollment**

Contact Oscar Robinson at [bigopromotions@gmail.com](mailto:bigopromotions@gmail.com).

If you have any questions, contact the FRWDB Special Projects Program Coordinator.

## Professional Driver Occupational Questionnaire

### 1) Driving History

- a. How long have you had your Driver License? \_\_\_\_\_
- b. Do you hold or have you ever had a Driver License in any other state or province? Yes (list) \_\_\_\_\_ No \_\_\_\_\_
- c. Do you have any moving violations, including DUI/DWI? If so, please list the date and nature of each occurrence, along with the outcome. (Include any violations acquired in any other state or with any other license.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Have you had any accidents? If so, please list the date and nature of each occurrence, along with the outcome. (Include any accidents in any other state or with any other license.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. Have you had any accidents that resulted in a fatality? If so, please list the date and nature of each occurrence. (Include any accidents in any other state or with any other license.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2) Family Circumstances

- a. Truck Drivers are often required to be away from home for an extended period of time (days and even weeks). Do you have family or other local obligations that require your assistance on an ongoing basis? Yes \_\_\_ No \_\_\_
- b. Do you have small children at home? Yes \_\_\_ No \_\_\_

### 3) Other

- a. Do you like to travel? Yes \_\_\_ No \_\_\_
- b. How well do you deal with pressure, schedules and delays?
- c. Do you mind driving long periods of time – 10 hours per day? Yes \_\_\_ No \_\_\_
- d. Do you mind driving in the mountains? Yes \_\_\_ No \_\_\_
- e. Do you mind driving in adverse weather conditions – snow or rain? Yes \_\_\_ No \_\_\_

### 4) Medical History

Your Case Worker will be reviewing and discussing the DMV Class A Physical exam requirements with you, including the review of required medical testing that includes high blood pressure, diabetes, illegal drugs, eye exams, etc. You will be asked by your Case Worker to certify that you are aware of the medical requirements.

My Case Worker has discussed the DMV Class A Physical Exam Requirements and the Fresno Regional Workforce Development Board Policy for this career with me. I have received a copy of the policy. I certify that all of the above information is true and correct to the best of my knowledge.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_