

CAREER TRANSITIONS, INC.
Commercial Driver's License Training Application

Student will complete and return this form to Career Transitions with all required documents and fees: 189 Arden Drive, Belgrade, MT 59714. Contact info: 406-388-6701 x 100 or ct@careertransitions.com. Driving instruction will begin when a learner's permit (CLP) has been issued, student has submitted this form with CLP, driver's license, Medical Examiner Physical card, payment or billing information, and has passed a drug test.

Tuition Option and Cost: _____

Full Legal Name _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip Code _____

Date of birth _____ Social Security Number _____

E-mail address _____ Work Phone _____

Home Phone _____ Cell Phone _____

Name of High School & Address _____

Year of Graduation _____ or Year of HiSET (GED) _____

Postsecondary Education, Credentials and/or Certifications:

1. Disability Status (Select One)
 - a. None
 - b. Yes
 - c. Disability Affecting Employment
 - d. Developmental Disability
 - e. Learning Disability
 - f. Prefer Not to Answer

2. Ethnicity (Select One) Hispanic Non- Hispanic

3. Race (Select all that apply)
 - a. White/Caucasian
 - b. Asian
 - c. Hawaiian or Pacific Island
 - d. Black/African American
 - e. American Indian or Alaskan Native
 - f. Prefer Not to Answer

4. Country of Citizenship _____

5. Gender: Male ___ Female ___ Other ___

Student Records (filled out by CT staff)

- Description of Selected Training Program _____
- Applicable Fees: Amount _____ Check _____ Credit Card _____
- Other funding source _____
- Copy of Front and Back of Current Driver's License (CT will copy)
- Copy of Learner's Permit (CT will copy)
- Current Medical Examiner's Certificate (CT will copy)

Credit Card Payment without card present

Please provide the following information:

Name on Card _____

Billing Address for Card (if different from above) _____

City _____ State _____ Zip Code _____

Card Type _____ Card # _____ - _____ - _____

Expiration Date _____ Security code _____

Driving Experience

List Type of Equipment Driven

1. _____
2. _____
3. _____
4. _____

How did you find out about Career Transitions' CDL training?

Contact Information for Current or Most Recent Employer:

Employer's Name _____ Street Address _____

City _____ State _____ Zip Code _____ Phone _____

Dates employed _____ Position description _____

Information provided may be used, and previous employers may be contacted, for the purpose of investigating the applicant's safety performance history information.

Have you ever been convicted of a felony?

Yes No Date:

Have you ever been convicted of a DUI / DWI (driving under the influence)?

Yes No Date:

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes No Date:

Has any license, permit or privilege ever been suspended or revoked?

Yes No Date:

Have you ever been convicted, or are any charges pending, for reckless or careless operation of a motor vehicle?

Yes No Date:

Have you ever been convicted, or are any charges pending, for possession, sale or use of a narcotic drug, amphetamines, or derivatives thereof?

Yes No Date:

Have you ever been refused any type of insurance or been denied bonding?

Yes No Date:

Additional Agreements:

- The CDL student understands and agrees to training in a 1993 International truck. The success of the student is dependent upon a respectful relationship with the CDL instructors. The student should apply the presented information to this end: the safe and professional driving of the CT truck.
- The applicant is responsible for paying for all services. ***In the event that the CDL student does not pass the driving test, re-test fees will apply and must be paid in advance of the re-test.*** After consulting the CDL teacher, the student should contact the education coordinator for any additional training required and re-testing. Those services will not be provided until tuition is paid.
- ***Students should never ask the CDL teacher for extra practice time without previous payment and registration with the Education Coordinator. The student must give 24-hours notice to cancel a training session. If the student is late in giving notice or does not show, they will forfeit 2 hours of training.***

- The student will be liable for payment of all costs incurred by Career Transitions in the collection of past due obligations or collections on returned checks including court costs, service of process, and reasonable attorney fees.
- Following the CDL training the student agrees to communicate with a Career Transitions' staff member and to provide **employment information regarding the 2nd and 4th quarters following your training. This will include the name of your employer and wages.** These statistics will only be shared with our funding agencies in order to continue our training programs. Otherwise they are entirely confidential.
- Career Transitions does not provide job placement but does offer advice on finding employment. We do not guarantee that the student will pass the CDL drive test or find employment following training.
- This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge and that I agree to the terms of Career Transitions.

Student Signature

Date

Career Transitions Staff Signature

Date