

Commercial Education and Safety Training Application

CES's policy is to provide equal training opportunities to all applicants without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

SECTION 1: Applicant's Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cellphone/Contact #: _____

SECTION 2: Program/Programs Requested

Please check the box

- | | |
|---|--|
| <input type="checkbox"/> Class A Entry Level Driver Training Theory Course | <input type="checkbox"/> 160hr (4 weeks) Behind-The-Wheel Course CDL A |
| <input type="checkbox"/> Class B to A Entry Level Driver Training Theory Course | <input type="checkbox"/> 120hr (3 weeks) Behind-The-Wheel Course CDL A |
| <input type="checkbox"/> Entry Level Endorsement Course (HAZMAT) | <input type="checkbox"/> 80hr (2 weeks) Behind-The-Wheel Course CDL A |

When are you looking to start the training? (*Please refer to the CES training calendar viewable at*

<https://commercialeducationandsafety.com/training-calendar>) _____

SECTION 3: Training Requirements

I have: (Please check the box and specify. License, permit, and DOT card must remain valid throughout the training)

- Valid Driver's license in the state of _____
- Valid Commercial Learners Permit (CLP) in the state of _____
- Valid DOT Medical Card in compliance with FMCSA Driver Physical Qualifications
<https://www.fmcsa.dot.gov/regulations/medical>

I am: (please check the box)

- 18 – 20 years of age. I understand that I can only operate commercial vehicles within my home state in accordance with North Dakota Commercial Driver Qualification, viewable at <https://www.dot.nd.gov/divisions/driverslicense/cdlrequirements.htm#study>
- 21 years or more of age

I understand that: (please initial in the space provided if you read and understand)

_____ My program requires a DOT drug screen. I understand that these are mandatory to participate in that program in accordance with the [FMCSA-D&A-382.103-Q002.docx](#).

_____ I will be placed in a random drug testing database and could be called anytime for a retest.

_____ I will be released from training anytime if I fail a drug test.

_____ There are physical demands of working in vocational training. I have suitable outdoor work gear such as work boots, warm jackets, pants, coats, hats, etc.

_____ I may be required to lift up to 50 pounds. Training may require constant bending, twisting, stooping, lifting, climbing stairs or hills, and sitting or standing for extended periods, in all types of weather.

SECTION 4: Employment Status and Military Background

I am: (please check the box)

- Employed Full time Seasonal
- Unemployed Part-time On call

I am: (please check the box)

- A veteran Out Processing Active-Duty **Branch of Service:** _____

SECTION 5: CDL Background

I have: *(please check the box)*

_____ years and or _____ months of truck driving experience. Please describe your Commercial Driving experience in the space provided (equipment, skills, etc.) _____

Attended Training from a different school. Please specify the provider, length of training, the reason for transfer, etc., in the space provided. _____

No prior CDL experience/background.

SECTION 6: Employment Goals and Job Assistant

Not applicable if employed or has a job lined up.

CES partners with trucking companies that hire its graduates. To better assist you, please describe what job or jobs you would like to be employed in after completing this training:

SECTION 7: Funding Information

Please indicate how you intend to pay for your training (tuition, fees, books, tools, supplies, room and board). It is highly recommended that you apply for grants and scholarships to help fund your training. Please mark which agencies you intend to apply with:

Personal Funds ND Job Services MET Inc. Scholarships VA Funding

RMCEP Other WIOA programs

If funded by an employer, please provide:

Company: _____ Name of Employer: _____

Contact Information: _____ Address: _____

Please complete the area below IF you already know which agencies will be assisting you financially:

Agency name: _____ Address: _____

Contact Person: _____ Phone number: _____

I certify that the above facts are true to the best of my knowledge and belief.

NAME and SIGNATURE

DATE

Email or mail the completed application to:
Commercial Education and Safety
Attn: Admissions
341 12th Ave NE, West Fargo, ND 58078

Email: admin@cestraining.us
Office: 701 205 9122
Direct: 701 260 7057