

# CES Minnesota Training Application

CES Minnesota LLC'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 Entry Level Driver Training Theory Course      | <input type="checkbox"/> 120hr (3 weeks) Behind-The-Wheel Course CDL A |
| <input type="checkbox"/> Class B to A Entry Level Driver Training Theory Course | <input type="checkbox"/> 80hr (2 weeks) Behind-The-Wheel Course CDL A  |
| <input type="checkbox"/> Entry Level Endorsement Course (HAZMAT)                | <input type="checkbox"/> 40hr (1 week) Behind-The-Wheel Course CDL A   |
|   | <input type="checkbox"/> 80hr (2 weeks) Behind-The-Wheel Course CDL B  |
|   | <input type="checkbox"/> 40hr (1 week) Behind-The-Wheel Course CDL B   |

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

<https://cesminnesota.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 Minnesota Commercial Driver Qualification Rules  
<https://www.dot.state.mn.us/cvo/mntruckbook/2022/section-08.pdf>.
- 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.) \_\_\_\_\_

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

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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:

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**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       Career Solutions       MET Inc.       Scholarships       VA Funding
- RMCEP       SW MN PIC       CMJTS       CAIRO       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:  
CES Minnesota, LLC  
Attn: Admissions  
2400 Trott Ave SW, Willmar, MN 56201

If you have any questions, please email: [admin@cestraining.us](mailto:admin@cestraining.us)  
Or call: 701 260 7057