Revised Dec 2022



CDL, INC.

# Commercial Driver Training Application

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PERSONAL INFORMATION

Date Social Security No.

Name Date of Birth / /

Last First Middle (Required for Commercial Drivers)

Current Address Phone Number

Street City State Zip

List your addresses of residency for the past 3 years. Previous Addresses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Street | City | State | Zip |

**EMPLOYMENT HISTORY:** All driver applicants to drive intrastate commerce must provide the following information on all employers during the preceding 3 years, and all commercial driving experience for the past ten (10) years.

List complete mailing address, street number, city, state and zip code.

(NOTE: List employers in reverse order with the most recent. Add another sheet as necessary.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Telephone Number ( ) | From (Mo./Yr.) | | To (Mo./Yr.) |
| Address | | | Hours Per Week | |
| Specific Duties | | |  | |
| Reason for Leaving | | | Your Title | |
| Contact Person | |
| Were you subject to the FMCSRs while employed here? Yes No  Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No | | |  | |
| Employer | Telephone Number  ( ) | From  (Mo./Yr.) | | To  (Mo./Yr.) |
| Address | | | Hours Per Week | |
| Specific Duties | | |  | |
| Reason for Leaving | | | Your Title | |
| Contact Person | |
| Were you subject to the FMCSRs while employed here? Yes No  Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No | | |  | |

ADD ADDITIONAL SHEET IF NEEDED FOR MORE INFORMATION:

## 

## ACCIDENT RECORD

For the past 3 years or more (attach sheet if more space is needed)

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Nature of Accident  (Head-on, Rear-end, Upset, etc.) | Fatalities | Injuries |
| Last Accident: |  |  |  |

add Additional sheets if needed

## TRAFFIC CONVICTIONS AND FORFEITURES

For the past 3 years (other than parking violations)

|  |  |  |  |
| --- | --- | --- | --- |
| Location | Date | Charge | Penalty |
|  |  |  |  |

Add additional sheets if needed

|  |  |  |  |
| --- | --- | --- | --- |
| **DRIVER LICENSES** |  |  |  |
| State | License Number | Type | Expiration Date |
|  |  |  |  |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

|  |  |  |
| --- | --- | --- |
| Has any license, permit or privilege over been suspended or revoked? | Yes | No |

## If the answer to A or B is Yes, attach a statement giving details.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DRIVING EXPERIENCE**  **Class of Equipment** | Type of Equipment (Van, Tank Flat, Etc.) |  | | Approx. No. of Miles (Total) |
| Dates | |
| From | To |
|  |  |  | |  |

*The Workforce Board (The state agency that regulates this school) requires that we ask you for this information, by law (RCW 28C.10.050). Providing your SS number is voluntary. By law, the information you provide on this form cannot be given our by any state agency as public information. The Workforce Board will not disclose data to anyone except authorized Workforce Board employees or contractors working on specific research activities, who follow strict confidentiality procedures. This format follows the information required to be submitted by the school as part of the annual student data report:*

*Please Circle ONLY one:*

*White/Caucasian \*\* Black/African American \*\* American Indian or Alaska Native \*\* Hawaiian Native or other Pacific Islander \*\* Asian \*\* Multiracial \*\* Other*

*Please Circle ONLY one:*

*Are you Hispanic in Origin Yes / No \*\* Are you disabled? Yes / No \*\* Military Veteran? Yes / No \*\* Sex: Male / Female*

*Please Circle ONLY one:*

*Highest Grade completed:*

*Less than High School graduation \*\* High School Graduate \*\* GED \*\* Some Post High School (no degree or cert) \*\* Certificate (less than 2 years \*\* Associate Degree \*\* Bachelor’s degree \*\* Master’s degree or higher*

## AUTHORIZATION

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

Date Signature