



# COMMERCIAL EDUCATION AND SAFETY LLC

DRIVING YOUR FUTURE

## Training Application

### SECTION 1: Applicant's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### SECTION 2: Program/Programs Requested

Please select the program you are applying for:

- ☐ Class A Entry-Level Theory Course
- ☐ Class B to A Theory Course
- ☐ CDL A Behind-the-Wheel – 160 hrs (4 weeks)
- ☐ CDL A Behind-the-Wheel – 120 hrs (3 weeks)
- ☐ CDL A Behind-the-Wheel – 80 hrs (2 weeks)
- ☐ CDL A Behind-the-Wheel – 40 hr (1 week)
- ☐ CDL A Refresher Course

Preferred Start Date: \_\_\_\_\_

(See our training calendar: [www.commercialeducationandsafety.com/training-calendar](http://www.commercialeducationandsafety.com/training-calendar))

### SECTION 3: Training Requirements

To begin training, you must have:

- ☐ Valid Driver's License (State: \_\_\_\_\_)
- ☐ Valid Commercial Learner's Permit (CLP) (State: \_\_\_\_\_)
- ☐ Valid DOT Medical Card (FMCSA Compliant)

Age:

- ☐ 18–20 (eligible for in-state commercial driving only)
- ☐ 21 or older

Please initial:

\_\_\_\_\_ I understand drug testing is required before and during training.

\_\_\_\_\_ I understand failure of a drug test results in dismissal from the program.

\_\_\_\_\_ I am physically able to meet the demands of CDL training (lifting up to 50 lbs, working in all weather conditions, extended sitting/standing, etc.).

### SECTION 4: Employment & Military Background

Employment Status: ☐ Full-time ☐ Part-time ☐ Seasonal ☐ Unemployed

Military Status: ☐ Veteran ☐ Active Duty ☐ Out-Processing

Branch (if applicable): \_\_\_\_\_

### SECTION 5: CDL Background

- ☐ Previous truck driving experience (Years: \_\_ Months: \_\_). Describe: \_\_\_\_\_
- ☐ Previous CDL training (School, Dates, Reason for Transfer): \_\_\_\_\_
- ☐ No prior CDL experience.

### SECTION 6: Career Goals & Job Assistance

CES partners with trucking companies to assist graduates with job placement.

What type of job are you seeking after training? \_\_\_\_\_

## SECTION 7: Funding Information

How will you pay for your training? (check all that apply)

- ☐ Personal Funds ☐ Employer-Sponsored ☐ VA Benefits  
☐ ND Job Services ☐ RMCEP ☐ MET Inc. ☐ Scholarships ☐ Other WIOA Program

Please list:

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer-Sponsored (if applicable):

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### Signature

I certify the above information is true and correct.



Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Submit Application To:

Commercial Education & Safety

Attn: Admissions

341 12th Ave NE, West Fargo, ND 58078

 admin@cestraining.us |  701-260-7057