



**COMMERCIAL EDUCATION AND SAFETY LLC**  
DRIVING YOUR FUTURE

## Application for Training

Program or Programs Requested	Start Date	Alternate Date

**NOTE:** Print clearly and complete every section. Incomplete applications will not be processed.

### SECTION 1: Personal Data

Legal Last Name                      First Name                      Middle Name                      Date of Birth

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

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

SSN (required): \_\_\_\_\_ Email: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

Driver's License/ State ID #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's Permit ID#: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Race:    Alaskan Native       American Indian       African American       Asian Pacific Islander  
 Caucasian       Hawaiian       Hispanic       Other \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

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

**SECTION 2: Housing Information**

I will be Housing at *(please check the box)*

- Home
- In need of Housing
- Hotel
- Family/ Friends

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

**SECTION 3: Employment Status/ Experience**

I am: *(please check the box)*

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

Current Employer: \_\_\_\_\_ Contact #: \_\_\_\_\_

Last Employer: \_\_\_\_\_ Contact #: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

I am: *(please check the box)*

- Collecting unemployment benefits
- Eligible to collect unemployment benefits

I am: *(please check the box)*

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

**SECTION 4: Employment Goals**

*Please indicate:*

Employers I am Interested in	Positions I am interested in
1.	1.
2.	2.
3.	3.

Please describe what job or jobs you would like to be employed in after completing this training:

- Not Applicable if Employed

\_\_\_\_\_  
\_\_\_\_\_

## SECTION 5: 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 (4 weeks PTD only)
- RMCEP     Other WIOA Grants

If funded by 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: \_\_\_\_\_

## SECTION 6: Educational Background

### High School

Name of School: \_\_\_\_\_

City/ State: \_\_\_\_\_

Month and Year Graduated: \_\_\_\_\_

### GED

State Issued: \_\_\_\_\_

Year: \_\_\_\_\_

### Post-Secondary Attendance

Have you ever attended any prior post-secondary academic or vocational institution?

- NO  
 YES If yes, please list:

Name  
\_\_\_\_\_

Dates Attended  
\_\_\_\_\_

## SECTION 7: Health Questionnaire

**NOTE:** Please indicate if you have any of the following medical conditions:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Vision Impairments | <input type="checkbox"/> Epilepsy              | <input type="checkbox"/> Eye Loss              |
| <input type="checkbox"/> Color Blindness    | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Back or Knee Injuries |
| <input type="checkbox"/> Limb Loss          | <input type="checkbox"/> High blood Pressure   |  |
| <input type="checkbox"/> Heart Problems     | <input type="checkbox"/> Difficulty in Hearing |  |

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

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SIGNATURE

## SECTION 8: Personal Plans

Please describe your personal plans upon training completion.

- Not Applicable if Employed

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**SECTION 9: Statement of Correctness, Understanding, Authorization and Privacy Act Waiver**

**Note:** *If you read and understand, please initial on the space provided.*

\_\_\_\_\_ I have read and understood all CES Admission ND Training Policies.  
(viewable at <https://commercialeducationandsafety.com/>).

\_\_\_\_\_ I understand that my program may require a drug screen and physical exam. I understand that these are mandatory to participate in that program.

\_\_\_\_\_ I understand and consent that if enrolled; I will be placed in a random drug testing database and could be called at any time for a retest.

\_\_\_\_\_ I understand that if I fail a drug test, at any time, I will be released from training.

\_\_\_\_\_ I understand that there are physical demands of working in vocational training. I have suitable outdoor work gear such as work boots, warm jackets, pants coat, hat, etc.

\_\_\_\_\_ I understand Commercial Education and Safety, LLC courses that are less than 80 hours and testing fees are non-refundable. For courses 80 hours or longer, the student enrollment contract (refund policy) applies.

\_\_\_\_\_ I hereby attest that all information I have provided to Commercial Education and Safety, LLC is true, correct, and complete.

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NAME and SIGNATURE

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DATE

Email or mail the completed application and all required paperwork to:  
Commercial Education and Safety, LLC  
Attn: Admissions  
341 12<sup>th</sup> Avenue NE, West Fargo, ND 58078

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