



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: <https://cesminnesota.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 ☐ Career Solutions ☐ RMCEP ☐ MET Inc.
☐ Scholarships ☐ CMJTS ☐ CAIRO ☐ SWMN PIC ☐ VA Benefits ☐ 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

2400 Trott Ave SW, Willmar, MN 56201

 admin@cestraining.us |  701-260-7057