

Answer questions completely except for those which do not apply. Information is kept confidential. By enrolling in this program, you grant permission to share your information with the Department of Labor, Licensing, and Regulation (DLR). This program reserves the right to check the accuracy of the information below.

APPLICATION FOR ADMISSION to TRUCK DRIVER TRAINING PROGRAM

Name: _____
(Last) (First) (M.I.)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ (If no home phone, please give a number where we can leave a message.)

Email address: _____

Social Security Number: _____ Date of Birth: _____

Emergency Contact: _____ Emer. Contact #: _____

Notification Preference: Email Text Message Phone

DRIVER'S LICENSE INFORMATION

Driver's License Number: _____ Expiration Date: _____

State held: _____ Endorsements: _____

Type of valid driver's license you now hold: A B C D M

Have you been licensed in any other state(s) within the past 3 years? No Yes - State? _____

MILITARY SERVICE (U.S.)

Branch of Service: _____

Date Entered: _____ Date Discharged: _____ Honorable Discharge? Yes No

Military Job: _____

Highest Rank: _____

EDUCATIONAL BACKGROUND

Highest Educational Attainment (upon enrollment):

Elementary <input type="checkbox"/>	Middle School <input type="checkbox"/>	Some High School <input type="checkbox"/>
High School Diploma <input type="checkbox"/>	Some College <input type="checkbox"/>	Associate's Degree <input type="checkbox"/>
Bachelor's Degree <input type="checkbox"/>	Master's Degree <input type="checkbox"/>	Doctorate <input type="checkbox"/>

Do you currently hold an Industry Certification/Credential? Yes _____ No _____

If so, list certifications/credentials: _____

Additional skills: _____

Bi-lingual: Yes _____ No _____

PREVIOUS EMPLOYMENT EXPERIENCE

Please provide most recent 3 years of job history, and 10 years if previous driver under FMCSA regulations. Include times of unemployment and additional schooling. Begin with your most recent job and work backwards. Add additional sheets, if needed.

Currently Unemployed: From _____ To: _____	Are you currently collecting Unemployment Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Name of Current Employer:		Telephone:
Address of Employer:		
Employment Dates (Month & Year): From:		To:
Supervisor (Name & Title):		
Job Title (Brief Description of your duties):		
Hourly Rate:	Number Hours/Week:	Fringe Benefits: Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving:		

Previous Unemployment: From _____ To: _____

Name of Previous Employer:		Telephone:
Address of Employer:		
Employment Dates (Month & Year): From:		To:
Supervisor (Name & Title):		
Job Title (Brief Description of your duties):		
Reason for leaving:		

Previous Unemployment: From _____ To: _____

Name of Previous Employer:		Telephone:
Address of Employer:		
Employment Dates (Month & Year): From:		To:
Supervisor (Name & Title):		
Job Title (Brief Description of your duties):		
Reason for leaving:		

How did you learn of our program? _____

Have you ever pleaded guilty to or been convicted of any crime other than a traffic violation?

Yes No If yes, please explain: _____

Have you ever been convicted of a drug offense of any kind, including probation before judgment?

Yes No

If you answered **yes** to the either of the above two questions, please answer the following questions:

1. Are you on probation? Yes No

2. Number of convictions? _____

3. Date(s) of convictions: _____

Name of funding program you are applying under, if any:

Self Pay

Susquehanna Workforce Network

Vocational Rehabilitation

Delaware Dept. of Labor

Veteran's Administration Programs

Other: _____

A current driving record from the Motor Vehicle Administration must accompany this application, which can be obtained from your local Motor Vehicle Administration office or by going on-line.

I agree to submit to a DOT physical examination and drug testing upon acceptance of my application. I understand that my application may be rejected for any false or incomplete statements made on this application or for any other false or incomplete information given by me in connection with it, including information relative to any physical or drug screen.

I certify that the information I have given on this application form is accurate and complete. I understand it is my responsibility to notify the Workforce Training office of any change in the information contained in this application. (If you have questions regarding this or any form, please ask before signing.)

Signature

Date

On your scheduled interview day, bring this application and copy of your driving record to:

Cecil College
Transportation and Training
107 Railroad Avenue, Room 206
Elkton, MD 21921

Division of Career and Community Education

107 Railroad Avenue / Elkton, MD 21921 / 410-287-1615 / Fax: 410-398-4429

TRUCK DRIVER TRAINING DRUG AND ALCOHOL REGULATIONS

I understand that pre-admission requirements and continuation of training with Cecil College implies my consent to submit to examination for the presence of unauthorized substances (drugs/alcohol) in my body at any time prior to, during, or immediately after performing safety sensitive functions while in school or in possession of school property, as a condition of training. I understand that the following testing will be done in accordance with 49 CFR Part 382 and the Cecil College Alcohol and Controlled Substances Testing Policy and Procedures:

1. Pre-admission testing
2. Post-accident testing
3. Random testing
4. Reasonable suspicion testing
5. Return-to-duty testing
6. Follow-up testing.

I understand that failure to honor these terms is grounds for denial of training or termination of enrollment with Cecil College. This regulation became effective January 1, 1996, and is administered by Cecil College. Please refer any questions to the Manager, Workforce Training.

Student Name (Please Print)

Student Signature

Date

**This page must be signed and returned prior to acceptance into the
TRUCK DRIVER TRAINING PROGRAM.**

TRUCK DRIVER TRAINING IMPORTANT INFORMATION

Please read the following information.

TRAINING SITE:

Your yard skills training will take place at the former Bainbridge Naval Training Center site in Port Deposit, MD. Cecil College has been granted the use of a portion of this property. *If a student is found in an unauthorized area, the student could be prosecuted and Cecil College could lose the use of the facility.* All students must be in sight of the instructor and under supervision at all times. Also, the danger of fire is very prevalent at the training site. Smoking of any type is not permitted on the Bainbridge grounds, in college vehicles, or on campus property. Do not discard any type of trash in the grass, brush, or wooded area. These rules were specifically developed for building and site preservation and student safety. Any student violating these rules is subject to dismissal without refund of program tuition and/or fees.

Toilet facilities are provided. Please use them.

Students may wish to bring a thermos and/or lunch since there are no facilities for food or drink at the Bainbridge training site.

CONDUCT:

Participants in the Truck Driver Training program are expected to behave in a professional manner at all times. Misconduct includes the following and is subject to disciplinary action: Dishonesty, disruption or obstruction of teaching, physical or verbal abuse, theft, possession or use of alcohol or drugs, or failure to comply with directions of College officials acting in the performance of their duties. Violation of any federal, state, or local laws will be turned over to the appropriate agency.

I, _____ read and understood the above information.
(Please Print)

Signature: _____ Date: _____

STUDENT OBLIGATIONS

SCHEDULE

Full-time program:

Start Date: _____
 Hours: _____

Weekend program:

Start Date: _____
 Hours: _____

I understand that I will be required to study outside of class. I am willing and will be able to complete homework assignments. Yes No

I understand that regular attendance is mandatory, and I must have 80% attendance to receive a certificate. There are NO excused absences. Upon missing 56 hours in the full-time class, or 32 hours in the part-time class, I will not be able to continue in the program and will forfeit any tuition and/or fees paid. If I am funded through an agency and I am dropped for attendance issues, I also understand that agency has the option to collect the tuition and fees paid to the college. Yes No

I will be able to attend to my personal business (such as routine dentist or doctor's appointments) before class begins. Yes No – If answer is "No", please state the reason: _____

I will be able to attend class every day, except in the case of emergency. I will be on time and stay all day. Yes No – If answer is "No", please state the reason: _____

DOT PHYSICAL AND DRUG TEST

I have read the DOT physical requirement regulations. Yes No

I understand I will be required to take a DOT physical and drug test before enrollment, and I will be subject to random drug and alcohol testing throughout the course. Yes No

RANGE CONDITIONS

I understand that while on the range I will be required to be on my feet all day and climb in and out of a conventional tractor repeatedly to take my turn during the exercises. Yes No

I understand I will be expected to withstand varying & sometimes unpleasant hot, cold, wet, and/or windy weather conditions while working with instructors & other students on the range. Yes No

I am aware of the above items and will be able to fulfill my student obligations.

Name: _____
(Please Print)

Signature: _____ Date: _____

CONSENT

This program is funded by the State of Maryland’s EARN Maryland Grant Program, administered by the Maryland Department of Labor, Licensing and Regulation (DLLR). As a recipient of EARN Maryland funds, this program is required by law to collect certain demographic information from training participants and to provide such information to DLLR for reporting purposes. Any demographic information provided to DLLR will not contain personal identifiable information. By enrolling in this program, I grant permission to share my demographic information with DLLR. This program reserves the right to modify this privacy statement at any time. Substantial changes to this clause will be publicized to you and also displayed as a prominent notice on our website. The conditions outlined in this letter have been explained to me in an individual meeting and I understand and agree with these conditions.

Signature

Date

For internal use only: Participant Identification Number: _____
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