

# APPLICATION FOR CDL TRAINING PROGRAM



Department of Transportation

## Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Gender: **M**  or **F**

Which of the following race groups do you most identify yourself with? (Please Check)

White  Black  Hispanic  Asian  Native American

Are you a veteran? **Y**  or **N**

What is your Country of origin? \_\_\_\_\_ Is English your first language? **Y**  or **N**

If no, will you need any help reading or understanding the English required to pass the written part of the test? **Y**  or **N**

Highest level of education attained? \_\_\_\_\_

How did you learn about our CDL Training Program? \_\_\_\_\_

## Program Requirements

Are you a resident of the State of Connecticut? **Y**  or **N**

Do you have a valid Connecticut driver's license? **Y**  or **N**  If so, what is the number? \_\_\_\_\_

Do you have reliable transportation to get to and from the training school on time? **Y**  or **N**

**PLEASE NOTE: PART OF THIS COURSE IS A REQUIRED DRUG TEST AND A PHYSICAL EXAM. IN ORDER TO BE ELIGIBLE FOR THIS PROGRAM YOU MUST BE ABLE TO PASS BOTH OF THESE EXAMS.**

## Employment Information

Are you currently employed? **Y**  or **N**  If so, with what company? \_\_\_\_\_

Number of hours per week: \_\_\_\_\_ Current Salary: \$ \_\_\_\_\_

What is your job title and responsibilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any construction related experience you may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please list any experience you have with the following: carpentry, electrical, HVACR, masonry, welding, plumbing, steam-fitting and snow removal:

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**Employment Goals**

What kind of truck are you interested in driving?

- Plow Truck    Dump Truck    Passenger Bus    Tractor Trailer    Box Truck

Are you interested in a career in the field of transportation? If so, why? \_\_\_\_\_

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Are you interested in working for CTDOT? **Y**  or **N**       Have you ever filled out a CTDOT Application? **Y**  or **N**

**Training School Preference:**    Bridgeport       Somers

**I give my permission for this information to be shared with CDL driving schools, Workforce Solutions Collaborative TDL Partnership and/or prospective employers. I also understand that in order to be considered for this free training program, I must agree to allow CTDOT to track my progress in the training program through graduation, up to a year following the receipt of my CDL License.**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If you prefer you may print out this form and fax it to Nancy L. Bryant at (860) 594-3060**