

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: _____

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

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? _____

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 and 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.

Signature

Date

If you prefer you may print out this form and fax it to CDL Training Program at (860)594-3060

No confirmation will be provided from this office if faxing the application. Your confirmation is your fax receipt.

Please refrain from calling this office. Thank you.