

Application Date: _____

Indian River State College
Student Training Application Form
Please Answer All Questions Legibly



Indian River
State College

Name _____ DOB _____ SSN _____
Last First Middle

Current Address _____
Street City State & Zip

Primary Phone # _____ Secondary Phone # _____ Email _____

How did you hear about this program? _____

Gender: Male Female Identify as _____

Race: Black/African American White Latin/Hispanic Asian American Indian/Alaska Native

US Citizen? Yes No If No, give origin and type of Visa _____

Education / Military Experience

High School Diploma or GED? Yes No

Highest Grade Completed: Less than High School High School College

Military Branch _____ From _____ To _____ Highest Rank _____

Specialty _____ Discharge Date _____

References / Character History

Have you been convicted of a Felony Yes No If Yes, date & description _____

Have you been convicted of a Misdemeanor Yes No If Yes, date & description _____

Are you currently on parole Yes No If Yes, date & description _____

Please provide at least 3 references

Relationship	Name	Address	Phone Number

Health Status (required for CDL Eligibility)

Please check any that apply:

- | | | | |
|-----------------------|--|-------------------------------------|--|
| Are you Diabetic? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you wear corrective lenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you color blind? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have high blood pressure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you epileptic? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any missing appendages? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any heart conditions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any hearing problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any trouble sleeping? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any mental disorders? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

49 CFR Part 382 stipulates the controlled substance regulations. Are you on any medications?

If so, please list _____

- | | |
|---|--|
| Do you already have a current Medical Examiner's Certificate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a current and valid Commercial Learner's Permit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a current State issued, valid Driver's License? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any previous commercial driving experience? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you had any traffic violations or accidents in the last 3 years? Yes No

Have your driving privileges ever been suspended? Yes No

Have you had a DUI, DWI, OVI, Or OMVI in the past 5 years? Yes No

Have you applied for financial assistance through:

Career Source Yes No

Farm Worker Grant Yes No

EDD Grant for National Guard Personnel Yes No

Sallie Mae Yes No

Other Resource Please Explain: _____

Drug & Alcohol Clearing House Consent (49 CFR § 382 Subpart B)

By signing below, you the applicant understands that you will be required to provide electronic consent on the (Clearinghouse drug & alcohol website), to determine whether violation information exists. By signing you also understand that consent to a query is necessary to conduct CDL training. Failure to provide consent will result in termination of the training program you are enrolled in.

ELDT Driver Self-Certification (49 CFR § 380.725)

By signing below, you the student understands that IRSC will keep this record on file that attests to your agreeing, that you will comply with U.S. Department of Transportation regulations in parts 40, 382, 383, and 391, as well as State and/or local laws, related to alcohol and controlled substance testing, age, medical certification, licensing, and driver records, as required in 380.707(a)

Student Disclaimer

All of the information that I, the applicant have provided is true and correct to the best of my knowledge. I authorize IRSC to verify any information provided, including reference checks, criminal, and motor vehicle records. Any untrue or misleading information may be the basis for denial of admission. I have the understanding that training for and working in the trucking industry can at times be dangerous and can result in possible injury or injuries. I therefore assume the risk involved and accept full responsibility for this situation, and hereby release and indemnify IRSC from any and all claims, actions, suits, liabilities, judgements, and proceedings arising in whole or in part from my acts or omissions related to attending this IRSC based program. I understand that this application does not obligate me to enroll in the CDL program, nor is the school required to accept me as a student or render services. I will be required to sign an enrollment contract/agreement that contains basic terms of my agreement with IRSC. I fully understand that my enrollment in and certification of said CDL training program does not guarantee me a commercial driver's license.

Applicant Signature: _____ Date: _____

Printed Name: _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Recommended for possible candidate? Yes No

If No, Why Not? _____

Admission Accepted Denied Type of payment being used: _____

School Official Signature: _____ Date: _____

(Applications that are denied must be maintained in a separate file identifying the reason(s) for denial)

Copy of DL/CLP? _____ MVR _____ DOT Physical _____ Clearinghouse _____ Drug Screen _____