



Commercial Driving Program Adult Student Application

ALL QUESTIONS MUST BE COMPLETED

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: (____) - ____ - _____ Cell Phone #: (____) - ____ - _____

Date of Birth: ____/____/____ SSN#: ____/____/____

Driver's License #: _____ State of License Issue: _____

Have you held a valid driver's license for at least two (2) years: _____ Yes _____ No

Have you ever had a D.U.I.? _____ Yes _____ No If yes, Date of D.U.I.: ____/____/____

Have you ever been convicted of a felony? _____ Yes* _____ No

Have you ever been convicted of a crime of a sexual nature? _____ Yes* _____ No

***Note: A yes to either of the above conviction questions may prevent you from becoming a licensed commercial driver under the United States Department of Transportation Regulations for licensure.**

Are you Diabetic? _____ Yes _____ No

Emergency Contact Name: _____ Phone #: (____) - ____ - _____

Relationship of Emergency Contact: _____

Additional Comments:

*I certify that all of the above information is complete and true.

*I give Ben Franklin Career Center permission to use this information for internal statistical and other required reporting purposes.

*I further understand that if found that I have 1) a D.U.I. within the last two years or 2) a felony conviction covered under the United States Department of Transportation regulations for Commercial Driving Licensure that I will not be admitted to this program.

*I also understand that any misrepresentation of information provided may be grounds for denial of my application or dismissal from the program. Ben Franklin Career Center reserves the right to refuse admission to any applicant.

Signature: _____ **Date:** _____