

## Entry-Level Commercial Motor Vehicle Driver Training Application

**Instructions:** Complete online or print and complete in legible handwriting. Sign, date the completed form and return to Deb Davis at 2620 College Park, Scottsbluff, NE 69361 or [david10@wncc.edu](mailto:david10@wncc.edu).

**Tuition:** Tuition may increase starting on July 1. The new tuition rate will apply regardless of application date to the program. We encourage you to complete your enrollment requirements in time to secure a seat in a driving class that starts prior to July 1.

### Applicant Information

<b>Today's Date:</b> _____		<b>Please specify CDL Class Desired, A or B:</b> _____		<b>Class B Select:</b> Manual Automatic	
<b>Full Name:</b> _____ <i>Last First M.I.</i>			<b>DOB:</b> _____		
<b>Address:</b> _____ <i>Street</i>			_____ <i>Apartment/Unit #</i>		
_____ <i>City</i>		_____ <i>State</i>		_____ <i>Zip Code</i>	
<b>Phone:</b> _____			<b>Email:</b> _____		
<b>Emergency Contact:</b> _____			<b>Emergency Contact Phone:</b> _____		
<b>Race:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic					
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <b>Are you a legal citizen of the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, are you authorized to work in the US?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you worked in farming at any time in the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					

### For Employer-Sponsored Students Only

*This section applies only to students who are sponsored by an employer.*

<b>Employer name:</b> _____	
<b>Employer contact (Last Name, First Name):</b> _____	
<b>Employer Phone #:</b> _____	<b>Employer Email:</b> _____
<b>Is your employer paying tuition for you to attend?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is your employer paying you salary/wages while you attend training?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Military Service

Are you a veteran? ☐ Yes ☐ No      Are you currently serving? ☐ Yes ☐ No  
 Do you plan on using or learning more about potential military education benefits? ☐ Yes ☐ No

## General Driving Experience

	Class A	Class B	No
Do you currently have a CDL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Class A	Class B	No
Have you had a CDL in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	
Do you have any commercial driving experience?	<input type="checkbox"/>	<input type="checkbox"/>	

If yes, what types of vehicles and how many years of experience driving?

Please rate your experience and skill level by placing an X in the appropriate box:

	<u>Low</u>	<u>Medium</u>	<u>High</u>
• Level of experience driving a manual transmission vehicle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Level of experience driving and backing a vehicle towing a trailer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Level of experience driving a large pickup or straight truck:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Disclaimers and Signature

### STUDENT NOTICE

Initial \_\_\_\_\_

All of the information provided by me in this Application is true and correct. WNCC is authorized to verify any information provided, including criminal and motor vehicle record, and obtaining any educational records or transcripts. Any untrue or misleading information may be the basis for denial of admission. I recognize that training for and working in the trucking industry with heavy equipment can be dangerous and may cause injuries. I ASSUME THE RISK and accept full responsibility for this situation, and hereby release and indemnify WNCC from any and all claims, actions, suits, liabilities, judgments and proceedings arising in whole or in part from my acts or omissions related to attending this training program. I understand that this Application does not obligate me to enroll in any program, nor is the school required to accept me as a student or provide services. I will be required to sign an Enrollment Agreement that contains the basic terms of my agreement with WNCC. I acknowledge that enrollment in, and graduation from, a truck driving program is NOT AN OFFER FOR, OR A GUARANTEE OF, EMPLOYMENT. Additionally, I understand that WNCC does not grant motor vehicle licenses, and that I must pass all of the requirements as outlined by the State of Nebraska in order to obtain a Commercial Motor Vehicle license.

**CONTROLLED SUBSTANCES/ALCOHOL  
TESTING POLICY ACKNOWLEDGMENT [49 CFR §382.601]**

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Initial

This policy and all testing procedures follow USDOT and FMCSA regulations found in 49 CFR Parts 40 and 382, which are incorporated into this policy, and are available to all student drivers. The person designated to answer student driver trainee ("student") questions about these materials is the school program or training director. All students who drive WNCC's Commercial Motor Vehicles (CMVs) that require a CDL are subject to controlled substances and alcohol testing. This policy applies during the period in which the student applies for and is enrolled in a training program and is involved in training or is otherwise performing a safety sensitive function (SSF), until the time training terminates. Performing a SSF includes all time spent at any WNCC training location (whether or not WNCC property) or with any WNCC staff during training; all time waiting to drive, inspecting or servicing a CMV or other equipment; all time spent at the driving controls of a CMV (whether operating or not); and all non-driving time in or around a CMV. Pursuant to 49 CFR Part 382, Subpart B, the following student driver conduct is prohibited: reporting for training or performing a SSF with an alcohol concentration of 0.04 or higher or when using a controlled substance; using alcohol while in training or performing a SSF; performing a SSF within 4 hours after use of alcohol; using alcohol within 8 hours following an accident; refusing to submit to a drug or alcohol test; or reporting for training or continuing training after a positive or verified adulterated or substituted test. Students will be tested as necessary pursuant to Part 382 under the following circumstances: pre-employment testing (as part of the training admissions process), post-accident testing, random testing, reasonable suspicion testing (and return to duty and follow-up testing to the extent authorized). All students are required to submit to alcohol and controlled substance testing. Refusal to submit to such testing is defined in §382.107 and includes (but is not limited to) failing to either appear for a test within a reasonable time; remain at a test site until testing is complete; provide a urine specimen or a sufficient amount of urine; permit observation of collection; take a second test as directed by WNCC; undergo any MRO-required medical exam; or cooperate with the test process. Any student who is reported by the MRO as having a verified adulterated or substituted test result will also be considered a refusal. Students found to have violated or engaged in conduct prohibited by Part 382 Subpart B must immediately cease all SSF, including operating a CMV, may be terminated from the training program, and shall in no event perform a SSF unless all requirements of 49 CFR Part 40, Subpart O (Substance Abuse Professional and Return-to-Duty Process) have been met. Students tested for alcohol with results at or above 0.02, but below 0.04 will be removed from training for at least 24 hours and may be terminated from the training program. Information concerning the effects of drug use and alcohol abuse, as well as local counseling and assistance programs, is available from the school. A list of SAP providers is available to any driver testing positive at [www.saplist.com](http://www.saplist.com). Any suspected student drug or alcohol use must be reported to the school director immediately. By signing this application, I agree to the terms of this policy.

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance in the Entry-Level Driver Training program, I understand that false or misleading information in my application or interview may result in my release.*

**Print Name:** \_\_\_\_\_

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