Pre-registration Form for Admission to
COMMERCIAL TRUCK DRIVER TRAINING

Please check the correct box: ☐ **Class A** ☐ **Class B**

Dates you wish to attend the course:_____

Name:_____

Social Security Number:_____Date of Birth:_____

Address:_____County:_____

City:_____State:_____Zip Code:_____

Telephone:_____
daytime evening cell

Email Address:_____

Have you ever driven a commercial vehicle?	_____yes	_____no
Have you ever been convicted of a crime?	_____yes	_____no
Have you ever been convicted of a drug offense?	_____yes	_____no
Have you ever been convicted of a felony?	_____yes	_____no
Have you ever been convicted of a sexual offense?	_____yes	_____no
If yes to any of the above, are you on probation?	_____yes	_____no
Are you a veteran with benefits?	_____yes	_____no
Do you have a HS diploma or GED?	_____yes	_____no

What is your funding source? _____

Counselor's Signature (If Applicable):_____
Name Contact # or Email address

--- **I certify that all of the above information is true and correct to the best of my knowledge and belief. Failure to provide accurate information, particularly regarding any convictions, may be just cause for dismissal from the CDL program. I also understand that it is my responsibility to notify the director of the CDL program of any change in the information contained in this application.**
--- I hereby authorize Wor-Wic to directly contact the Motor Vehicle Administration if there are any questions regarding my driving record. I understand that the college reserves the right to cancel courses or make changes due to unforeseen circumstances.
---I hereby authorize, request, and release from liability Wor-Wic Community College to disclose any information about my grades, attendance, participation, and other pertinent information concerning the "Commercial Truck Driver Training Courses" to prospective employers who may request such information.
--After acceptance in the "Commercial Truck Driver Training Courses", I authorize my past, current, and future employers to furnish any and all information about my employment that is requested by Wor-Wic Community College and/or the Maryland Higher Education Commission and other state or county agencies as needed.

I have read and understand the above information.

_____ _____
Applicant signature Date

NOTE: Qualified students will be accepted on a first-come, first-served basis. Do <u>not</u> send payment with this form. Attach a <u>current copy of your driver's license and driving record</u> for the past three years and return to:
Continuing Education and Workforce Development/Truck Driver Training
Wor-Wic Community College, 32000 Campus Drive, Salisbury, Maryland 21804