



253 E. STATE ROAD 258

SEYMOUR, INDIANA 47274

812-497-3100

REGISTRATION FORM

PLEASE PRINT

1. PERSONAL INFORMATION

NAME: LAST: _____ FIRST: _____ MIDDLE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

MARITAL STATUS: _____ GENDER: _____

CURRENT ADDRESS: STREET: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

RACE: BLACK WHITE HISPANIC/LATINO ASIAN NATIVE AMERICAN INDIAN OTHER

2. EDUCATION/MILITARY

HIGH SCHOOL DIPLOMA OR GED? Y OR N

SCHOOL ATTENDED: _____

CITY: _____ STATE: _____

MILITARY BRANCH: _____

DATES OF SERVICE: _____ TO _____

3. CHARACTER/DRIVING HISTORY

DRIVER'S LICENSE NUMBER: _____ LICENSE STATE: _____ EXPIRATION _____

HAVE YOU EVER HAD A FELONY CONVICTION? Y OR N

IF YES, DETAILS _____

4. EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

5. REQUIREMENTS – FIRST DAY OF CLASS

CDL Permit – Your Class A Permit is REQUIRED upon the first day of class.
DOT Physical completed and you must have entire Physical Form with you.
Drivers License

I AUTHORIZE INDIANA CDL TRAINING CENTER TO USE MY IMAGE AND/OR WORDS IN ANY PROMOTIONAL MATERIALS FOR THE PURPOSE OF MARKETING THE TRAINING PROGRAM, RECRUITING, AND/OR FUNDRAISING. Y OR N

I AUTHORIZE INDIANA CDL TRAINING CENTER TO CONFIRM MY PARTICIPATION IN THIS TRAINING PROGRAM TO POTENTIAL EMPLOYERS. Y OR N

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT INDIANA CDL TRAINING CENTER MY REQUEST ADDITIONAL DOCUMENTATION TO VERIFY THE INFORMATION THAT HAS BEEN PROVIDED ON THIS APPLICATION.

SIGNATURE: _____

DATE: _____

RETURN TO: INDIANA CDL TRAINING CENTER
ATTN: JEFF LANE
253 E. STATE ROAD 258
SEYMOUR, IN. 47274