

cdl training program

Participant Application

Last Name		First Name	Date	
Address		City	State	Zip Code
Phone		Email		

Optional Information

This information is confidential and used for agency reporting purposes only.

Gender: Male Female Date of Birth: _____ Education Completed: _____
Racial/Ethnic Background: _____

Employment/Student Information

Employment Status: Full-time Part-Time Not Employed Self-Employed

Employer Name	Occupation
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Are you a student? Yes No If yes, where? _____

Background Information

Are you or members of your family current or past participants in any YWCA St. Paul programs or services?
 Yes No If yes, which program? _____

Have you ever pled guilty, no contest to, or been convicted of a misdemeanor or felony?
 Yes No If yes, please provide date(s) and details: _____

Note: Answering yes to this question does not constitute an automatic bar to acceptance into the Commercial Driver's License Training Program. Factors such as date of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. The YWCA St. Paul will obtain a criminal background check. A consent form will be provided to you to complete and sign upon application.

Availability

Please indicate the times which you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Additional Information

Are there any medical and/or physical concerns to be considered in your participation?

Yes No If yes, please explain _____

Emergency Contact Name _____ Phone Number _____ Relationship _____

How did you hear about this opportunity? _____

Why are you interested in participating in the Commercial Driver's License Training Program?

Program Eligibility Questions

- Have you had a valid driver's license for the past two years? Yes No

- Have you had a DUI or any speeding tickets in the past three years? Yes No

- Are you over 21 years old? Yes No

- Have you had any felonies in the past 3 years? Yes No

- Can you read, write and speak English? Yes No

- Do you have a High School diploma or GED? Yes No

- Can you lift 50 lbs and work outside in a variety of conditions? Yes No

- Are you a U.S. Citizen or have a Right to Work? Yes No

Signature _____ Date _____

Submit this application and attached income verification form to:
YWCA St. Paul, Attn: Transportation Programs Manager, 375 Selby Ave, St. Paul, MN 55102
Fax: (651) 222-6307 Phone: (651) 222-3741 Email: cdl@ywcaofstpaul.org

income verification form

All program participants are required to complete an income verification form upon entry into the CDL Training program. This form must be completed and returned with proof of income to the program staff person identified below.

YWCA St. Paul, Attn: Transportation Programs Manager, 375 Selby Ave, St. Paul, MN 55102
Fax: (651) 222-6307 Phone: (651) 222-3741 Email: cdl@ywcaofstpaul.org

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Household Income Information

Do you receive any form of County assistance? (i.e. MFIP) Yes No

If yes, please attach verification. (You do not need to complete the rest of the form, but please **sign the form where indicated below.**)

Annual gross household income: \$ _____

*Please attach verification of your income. Acceptable forms of verification include: Your most recent IRS statement (1040EZ, 1040), Government Assistance or SSI Statement, MFIP Award Letter, pay check stubs. **(Income Verification is required for participation in this program.)**

Verification Authorization

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification, and I may be asked to provide additional documents to support my application. I will allow the YWCA St. Paul to seek verification from my sources of income, including government assistance, and understand that this information will be used only to assist in the determination of my eligibility in YWCA programs.

Signature _____ Date _____

Staff Initial: _____	Program: _____	Verified(staff initial): _____
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