



Southern Maryland Tri-County Community Action Committee, Inc.
PO Box 280, Hughesville, MD 20637
8371 Old Leonardtown Road, Hughesville, MD 20637
301-274-4474 Option 9

CDL TRAINING SCHOOL APPLICATION

PERSONAL HISTORY

Name _____ Social Security # _____
Physical Address: _____ City _____ State _____ Zip _____
Mailing Address: (If different than above): _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address: _____ Sex: Male Female
Date of Birth: _____ Age: _____ # of Dependents including Spouse _____
Marital Status: Single Married Domestic Partner Divorced Widow Separated
Means of Transportation to attend class: _____

EDUCATIONAL HISTORY

High School Attended: _____ Location: _____
Years Completed: _____ Did you receive a GED or High School Diploma? _____

HEALTH INSURANCE None Private VA Medicare Medicaid Other _____

INSURANCE PROVIDER: _____

WHY DO YOU WANT TO ATTEND THE CDL TRAINING SCHOOL?

Career Advancement New Career Other

WILL YOU BE AVAILABLE TO LOOK FOR A JOB USING YOUR CDL LICENSE WHEN YOU GRADUATE?

Yes No

EMERGENCY CONTACT INFORMATION

In case of an emergency notify _____

Address: _____

Phone: _____ Relationship to Applicant: _____

DO YOU NEED ASSISTANCE WITH CDL PROGRAM FEE? Yes No

WOULD YOU LIKE TO APPLY FOR SCHOLARSHIP (IF APPLICABLE) Yes No
