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## www.WisdotTLAC.org

## **Commercial Driver's License Class A Training Scholarship Application**

For Native American Tribal Members/Descendants

APPLICATION DEADLINE – July 1, 2023 Late applications will not be accepted.

## Fox Valley Technical Appleton, Wi

**PERSONAL INFORMATION** 

- ELDT Theory Course Online Must be completed before July 31, 2023
- Registration June 1, 2023

First and Last Name:

• Training: -In person Fox Valley- Travel comp'd starts July 01, 2023

Street Address:		
City, State, and Zip:		
Phone:		
Email:		
Date of Birth:		
Tribal Affiliation:		
Do you have a valid driver's license?		Yes or No
Driver's License Number:		
Have you had more than 3 moving violations in the last 5 years?		Yes or No
Have you been convicted of an		Yes or No
OWI/DUI within the last seven years?		
Are you a TrANS graduate? When did yo	ou graduate?	Yes or No
Do you currently have a CDL Class A permit? If yes, specify.		Yes or No
CDL requirement is to obtain a DOT dru	g test and physical	Yes or No
before obtaining a permit. Are you willing to complete this		
before training? *Please see handout re	egarding the DOT	
physical about disqualifications.		
Do you have your own vehicle?		
		Yes or No

If not, how will you get to the CDL	training?			
CDL training will require about 4 weeks of dedication. Are you able to attend for the length of time needed?		Yes	or No	
Act of 1974 which states that we must exp Advisory Committee uses this information	olain why we are askin of for reporting to its for	ng for informatio unding source. T	ry. All information is protected under the Pri on and how it will be used. The Tribal Labor This information does not determine or affec Iditional resources, further training, and wor	t your
Are you a Veteran?			Yes	or No
Are you currently employed?			Yes	or No
Do you have a work-related disability?			Yes	or No
Are you currently living in a shelter?			Yes	or No
Have you ever been convicted of a	felony?		Yes	or No
Are you currently on probation or	parole?		Yes	or No
Gender			Female o	r Male
EDUCATION: Check any applic	able options			
No High School Diploma or GED	GED/HSED		Associates Degree	
High School Diploma	Some College		Bachelor's Degree or High	er
Certifications or additional training	g you have had:			
EMPLOYMENT HISTORY	<b>7</b>			
Employer Name:				
Employer Address:				
Employer City, State, and Zip				
Phone:				
Start and End Dates:				
EMPLOYMENT HISTORY	<u> </u>			
Employer Name:				
Employer Address:				
Employer City, State, and Zip				
Phone:				
Start and End Dates:				
EMPLOYMENT HISTORY	<u> </u>			
Employer Name:				
Employer Address:				
Employer City, State, and Zip				

Phone:	
Start and End Dates:	
REFERENCES	
Name:	Company:
Job Title:	Email:
Phone:	Years known:
Name:	Company:
Job Title:	Email:
Phone:	Years known:
Name:	Company:
Job Title:	Email:
Phone:	Years known:

Please answer the following questions.

1. Why do you want this training?

2. What do you plan to do after the training is completed and you obtained your CDL Class A license?	
Please submit completed application to: Lola Poler, TLAC Coordinator  EMAIL: <a href="mailto:l.poler@scc-nsn.gov">l.poler@scc-nsn.gov</a> or by mail: 3051 Sand Lake Road, Crandon, WI 54520.	
<b>SIGNATURE:</b> I certify the answers provided on this application are true and correct with consequential omissions of any kind. I understand any misleading or incorrect statements may render this application void, and if selected for the training scholarship, may be cause for revocation. I authorize the companies, schools, and persons named above to give any information requested regarding my employment, character, and qualifications. I hereby release said companies, schools, or persons from any liability for any damage issuing this information in consideration of selection for the TrANS program. I authorize the Tribal Labor Advisory Committee to contact previous employers and references given here and release them from all liability. I understand that completion of this application is no guarantee of acceptance to training.	
Signature Date:	