



RCVD BY: _____

www.WisDOTtap.org

Class A Commercial Driver's License Training Scholarship Application

For Native American Tribal Members/Descendants

Fox Valley Technical College

Associated Training Services

- ☐ **Registration**
- ☐ **ELDT Theory Course – TBD**
- ☐ **Behind The Wheel Training: TBD**

PERSONAL INFORMATION	
First and Last Name:	
Physical Address:	
Mailing address if different from above:	
City, State, and Zip:	
Phone:	
Email:	
Date of Birth:	
Social Security Number:	
Tribal Affiliation: Please include copy of Tribal ID	
Do you have a valid driver's license? Please include copy of DL	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 OWI/DUI within the last seven years?	Yes or No

Are you a TrANS or HCST graduate? When did you 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 drug test and physical before obtaining a permit. Are you willing to complete this	Yes or No

before training? *Please see handout regarding 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
DEMOGRAPHIC INFORMATION: The following information is voluntary. All information is protected under the Privacy Act of 1974 which states that we must explain why we are asking for information and how it will be used. The Tribal Labor Advisory Committee uses this information for reporting to its funding source. This information does not determine or affect your eligibility for this training scholarship. This data may be used for referring to additional resources, further training, and work placements.	
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 or Male

EDUCATION: Check any applicable options		
No High School Diploma or GED	GED/HSED	Associates Degree
High School Diploma	Some College	Bachelor's Degree or Higher
Certifications or additional training you have had:		

***** Please provide as much information as possible*****

EMPLOYMENT HISTORY	
Employer Name:	
Employer Address:	
Employer City, State, and Zip	
Phone:	
Start and End Dates:	

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Employer Name:	
Employer Address:	
Employer City, State, and Zip	
Phone:	
Start and End Dates:	

EMPLOYMENT HISTORY	
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: Sondra Krusensterna, TLAC Coordinator

EMAIL: sondra.krusensterna@scc-nsn.gov

Or by mail: 3051 Sand Lake Road, Crandon, WI 54520.

SIGNATURE: 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:

