



Application for Commercial Truck Driving Course

_____/_____/_____
Last Name First Name Middle Initial Previous Last Name(s) Date of Birth

_____/_____/_____
SSN Oregon Driver License # Date Issued Male Female

Current Mailing Address Number and Street City State Zip Code

Physical Address (if different from mailing address) City State Zip Code

Mobile Phone # Home/Evening Phone # Email Address

Emergency Contact name Phone # Relationship

Have you had any previous truck driving experience? Yes No
If yes, please describe: _____

Have you had any driving accidents in the last three years? Yes No
If yes, list how many, when, and circumstances of each: _____

Have you had any moving violations in the last five years? Yes No
If yes, list how many, when, and type of violation: _____

Have you had any alcohol related violations? Yes No
If yes, list dates: _____

Have you ever been convicted of a misdemeanor? Yes No
If yes, provide explanation and dates: _____

Have you ever been convicted of a felony? Yes No

If yes, provide explanation and dates: _____

Have you lost your driving privileges or had a restricted driving license in the past ten years? Yes No

If yes, list dates: _____

Are you presently employed? Yes No

If yes, who are you employed with? _____

If no, when were you last employed? _____

Please indicate the class start date for which you are applying (2020):

April 6 April 13 May 11 Jun. 1

(Dates subject to change; contact program coordinator for the most up-to-date schedule.)

I have read and understand the conditions for acceptance into the Commercial Truck Driving Program. I understand that any misleading or false information in my application or interview(s) may result in my termination from the program (see preregistration and Withdrawal/Drop policy.) I agree to finish all of the items listed below as scheduled:

Obtain a DOT Physical Examination at least two weeks prior to the start of the course

Obtain an Oregon Class A driving permit/or may be obtained during first week of class (Must hold a class B or C driver license and have had the license for at least one year)

Obtain a DOT drug screen two weeks prior to the start of the class you will be attending

I have no physical restrictions or limitations that would interfere with my ability to prepare for the commercial Driver License Exam or that would restrict my opportunities for employment as a professional truck driver.

Applicant Name (print)

Applicant Signature

____/____/____
Date



TO OUR STUDENTS AND FUTURE STUDENTS: We can help you better if we are able to work with other agencies that know you and your family. By signing this form you are giving permission for these organizations to share information about your situation.
 PURPOSE: The information received will be used to evaluate my situation and to plan for and coordinate services for me, or other purposes specified below:

Authorization for Release of Information

-This permission expires two years from the date this document is signed.-

TO THOSE RECEIVING INFORMATION: State and Federal law protects this information disclosed to you. You are not authorized to release it to any agency or person not listed on this form without specific consent of the person to whom it pertains, unless authorized by other laws.

I authorize the following individuals or agencies to provide information to Tillamook Bay Community College:

- | | | | | | |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|-------------------------------|
| Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Vocational Rehab Division | <input type="checkbox"/> | <input type="checkbox"/> | Employment/Unemployment |
| <input type="checkbox"/> | <input type="checkbox"/> | Employment Department | <input type="checkbox"/> | <input type="checkbox"/> | Educational Records |
| <input type="checkbox"/> | <input type="checkbox"/> | Adult and Family Services | <input type="checkbox"/> | <input type="checkbox"/> | Employability Assessment |
| <input type="checkbox"/> | <input type="checkbox"/> | ResCare | <input type="checkbox"/> | <input type="checkbox"/> | Mental & Physical Limitations |
| <input type="checkbox"/> | <input type="checkbox"/> | Veterans Admin Domiciliary | <input type="checkbox"/> | <input type="checkbox"/> | Driving Record |
| <input type="checkbox"/> | <input type="checkbox"/> | Trucking Companies | <input type="checkbox"/> | <input type="checkbox"/> | Results of Urinalysis |
| <input type="checkbox"/> | <input type="checkbox"/> | Tillamook EDC | <input type="checkbox"/> | <input type="checkbox"/> | DOT Physical |

Other: _____

I agree that the agencies and individuals listed above may share and exchange information about my circumstances. *Initial:* Yes _____ No _____

I can cancel this at any time but I understand that the cancellation will not affect any information that was already released before the cancellation. I understand that information about my case is confidential and protected by State and Federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

 Applicant Signature

____/____/_____
 Date



Drug Screening Policy

Federal regulations require Commercial Truck Driving Training Programs in public schools to participate in DOT drug screening. The statute requires that all persons driving a commercial vehicle, whether licensed/permit or employed/student must complete a DOT physical, and pass a DOT drug screening. The participant will also be subject to random drug and alcohol testing during their training or employment.

Under this regulation, all applicants to the Tillamook Bay Community College Truck Driver Training Program will be required to pass a DOT (pre-employment) drug screen within 30 days before starting the training, and be prepared for random testing during the road training period.

Three weeks prior to the class start date, you will need to set up an account online at the SBDC office. **Please contact Suzie Clark at (503) 842-6803 Ext. 1430 to schedule an appointment.** Following the account set up, you will be given a Chain of Custody form to present at the time of collection. The collection site is Adventist Health Medical Group:

Adventist Health Medical Group
1100 3rd St
Tillamook, OR 97141
(503) 842-5546

Our office will be notified of your results and you can get a copy from the TBCC Commercial Truck Driving Program Coordinator. We will notify you if there is a problem with the drug screen. To complete the DOT physical, you will need to schedule an appointment with Dr. Daniel R. Arthur, Dr. Craig Brown or NW Urgent Care. All locations are credentialed to perform DOT physicals and will serve as the colleges' providers. You will need to schedule an appointment and pay for the physical. This physical will be required by the DMV before they will issue a CDL permit. The cost of the DOT physical is \$110 (subject to change without notice.) Their contact information is as follows:

Dr. Craig A. Brown
(503) 965-6555
38505 Brooten Rd. Ste. A
Pacific City, OR 97135

Dr. Daniel R. Arthur
(503) 842-3661
216 Cedar Ave.
Tillamook, OR 97141

NW Urgent Care
(503) 325-0333
2120 Exchange St. Ste. 111
Astoria, OR 97103

Applicant Signature

_____/_____/20_____
Date

If you have any questions, please do not hesitate to call the CDL Program Coordinator, Randy Lane, at Tillamook Bay Community College, (503) 842-8222 x 1440.



Employment History

Name: _____ Date ____/____/20__

List past employment for the last 10 years (attach separate sheet if needed)

Company, City, State _____ From ____/____ to ____/____
Contact _____ Phone # _____
Reason for leaving _____

Company, City, State _____ From ____/____ to ____/____
Contact _____ Phone # _____
Reason for leaving _____

Company, City, State _____ From ____/____ to ____/____
Contact _____ Phone # _____
Reason for leaving _____

Company, City, State _____ From ____/____ to ____/____
Contact _____ Phone # _____
Reason for leaving _____

Company, City, State _____ From ____/____ to ____/____
Contact _____ Phone # _____
Reason for leaving _____

Company, City, State _____ From ____/____ to ____/____
Contact _____ Phone # _____
Reason for leaving _____

Company, City, State _____ From ____/____ to ____/____
Contact _____ Phone # _____
Reason for leaving _____

Company, City, State _____ From ____/____ to ____/____
Contact _____ Phone # _____
Reason for leaving _____

Company, City, State _____ From ____/____ to ____/____
Contact _____ Phone # _____
Reason for leaving _____



Family Educational Rights and Privacy Act (FERPA) Authorization and Release

The Tillamook Bay Community College periodically takes photographs or videos of school classes, events, and other functions reflecting student life at the College. In some instances, the College may wish to publish those photographs and/or videos on its Websites, in school catalogs, in the school alumni magazine, and/or in other publicity materials. If those photographs and/or videos contain enrolled students, they may be considered educational records under the Family Educational Rights and Privacy Act of 1974 (FERPA), and therefore generally cannot be used without the prior written consent of students appearing in the photographs and/or videos.

By signing this form, you are giving the Tillamook Bay Community College permission to use your photograph and/or appearance in a video for the purposes of, and in the media, listed above.

- 1.0 I hereby authorize the Tillamook Bay Community College to publish on the internet or in other official publications including my photograph, my name, and video footage of me.
- 2.0 I release the Tillamook Bay Community College and its employees, agents, and assigns from any and all liability whatsoever arising out of the use, as applicable, of my photograph, video footage of me, and my name.
- 3.0 If I am providing the College with a photograph or video footage, I assure the College that use of the photograph or video footage will not infringe any copyright or other rights, and I agree to hold the College harmless from an against any and all claims relating to the use of the photograph or video footage, including but not limited to claims of copyright infringement.
- 4.0 The authorization and releases mentioned above are made freely and voluntarily.
- 5.0 The authorization in paragraph 1.0 may be revoked by me in writing at any time. However such revocation will not apply to items that have already been published or released.
- 6.0 A copy or facsimile of this authorization and release she be as valid and effective as the original.

Printed Name: _____ **SSN** _____

Signature: _____ **Date:** _____



Truck Driver Training Class Registration Completion Requirements

After initial registration, students will need to complete the following to be officially registered in the class:

- **Provide your driver license number and social security number in packet.**
-TBCC will be running a background check and ODOT driving record check. Passing these checks will increase your ability to acquire your CDL and obtain future employment in the trucking industry.
- **DOT physical exam** - This must be from a DOT credentialed doctor. The nearest locations are :

Dr. Craig A. Brown
(503) 965-6555
38505 Brooten Rd. Ste. A
Pacific City, OR 97135

Dr. Daniel R. Arthur
(503) 842-3661
216 Cedar Ave.
Tillamook, OR 97141

NW Urgent Care
(503) 325-0333
2120 Exchange St. Ste. 111
Astoria, OR 97103

- **Take a DOT drug screen test** – Paid by TBCC - Tillamook Adventist Hospital
- **Obtain a CDL learner’s permit** - \$23.50 - DMV

Screening Criteria and Fees

Fee or screening	Paid by	
Prior to training:		
Background check	TBCC	\$ 62.00
DOT drug screen (DOT approved lab)	TBCC	\$ incl.
DOT physical exam (DOT approved doctor or clinic)	Student	\$100.00
DOT driving record check	TBCC	\$ 3.00
CDL drivers permit	Student	\$ 23.50
After training:		
CDL testing	Student	\$185.00
CDL driver’s license	Student	\$135.00