

**Excerebus® Foundation, Inc. 87-1395798**

## **Participant Application**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone or Number to Be Reached: \_\_\_\_\_

Address Where You Can Be Located: \_\_\_\_\_

\_\_\_\_\_

Do you have a current driver's license? \_\_\_\_\_

What state? \_\_\_\_\_

How soon do you want to get your CDL Learner Permit and License?

Today

In a Few Weeks

In a Few Months

Do you have 2 accidents on your driving record within the last 2 years? (At fault or NOT at fault)

Yes

No

Explain:

Do you have 2 moving violations on your driving record within the last 3 years? (Speeding, run a red light, etc.)

Yes

No

Explain:

Please choose what best describes your situation:

I want my CDL license and to start my own business.

I want my CDL license and to work for someone else as an employee.

Other: \_\_\_\_\_

Please choose your military affiliation:

Active Duty

Veteran

No Affiliation

Other: \_\_\_\_\_

If Active Duty or Veteran, list your transition or retirement date: \_\_\_\_\_

Do you have 3 years (or more) of consecutive work history?

Please list dates, positions, and duties:

The DOT physical will assess your ability to operate heavy machinery. Select all items that apply to you:

No Diagnosed Conditions

High Blood Pressure

Diabetes

Sleep Apnea

Are you able to lift 75lbs to your waist and 45lbs above your head?

Yes

No

Please list all medications that you are taking or have taken:

Can you pass a DOT Drug and Alcohol Test?

Yes

No

Best Time to Reach You:

Morning, 8am-12pm

Afternoon, 12pm-4pm

Evening, After 5pm

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send to PO Box 141, Loughman, FL 33858 or call 407-988-5647 for instructions on how to get this to Excerebus® Foundation, Inc.