



# Commercial Driver Skills Training

## Pre-Qualification Form



I understand that in completing this qualification form, RCTA is under no obligation to accept me, nor am I under any obligation to RCTA. I agree to furnish all required documents for admission and certify that the information contained in the application for admission is correct. RCTA adheres to practices and policies of equal opportunity in admissions and employment.

Today's Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email Address: \_\_\_\_\_ Sex: Male Female

Marital Status: \_\_\_\_\_ Are You Currently Working? \_\_\_\_\_ How many employers have you had in the last 5 years? \_\_\_\_\_

Workforce: YES NO - If Yes, Location: \_\_\_\_\_ Financing: YES NO - If Yes, Company: \_\_\_\_\_ Cash Pay: YES NO

Is a flexible schedule needed? YES NO If Yes, Days and Times: \_\_\_\_\_

Have you obtained a Texas Commercial Learners Permit (CLP)? YES NO

If No, do you have a DPS appointment? YES NO

If Yes, Appointment date and time: \_\_\_\_\_

Training Transmission Type (circle one): Manual Automatic

ADMISSIONS INFORMATION	YES	NO	EXPLANATION
1. Do you have any careless/ reckless driving charges in the last 3 years?			If yes, how many?
2. Have you had any moving violations in the past 3 years?			If yes, how many?
3. Have you had any traffic/ vehicle accidents in the past 3 years			If yes, when?
4. Have you ever had your driver license suspended?			If yes, when?
5. Have you ever been convicted of a DWI or DUI?			If yes, when?
6. Have you ever had a misdemeanor conviction?			If yes, when?
7. Have you ever had any alcohol/ drug violations?			If yes, when?
8. Have you ever held a driver license from any state other than Texas?			If yes, when and where?
9. Have you ever had a felony conviction?			If yes, when?

I have read and understand the entire foregoing application, and all answers, statements, and all other matter therein are true insubstance and in fact. I also request an abstract copy of my driving record be forwarded to RCTA.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interview By: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_



# Applied Technology, Workforce, and Economic Development

## Registration and Refund Policies and Procedures

Register in person via the site closest to you:

**A.W. Hodde, Jr., Technical Education Center**

2910 S. Blue Bell Rd  
Brenham. TX 77833  
979-830-4443

**Sealy Campus**

3701 Outlet Center Drive, Suite 250  
Sealy, TX 77474  
979-627-7997

**Schulenburg Campus**

100 Ranger Drive  
Schulenburg, TX 78956  
979-743-5237

**Courses are held at the following locations, but registration is not available on-site:**

**RELLIS Campus Training Center**

2951 Avenue C, Bldg. 8236  
Bryan, TX 77807

**Hodde Center Annex**

3006 S. Blue Bell Road  
Brenham, TX 77833

**Texas A&M Health Science Center**

8447 Riverside Pkwy.  
Bryan, Texas 77807

**301 Post Office St.**

Bryan, TX 77805

**REGISTRATION AND PAYMENT:** Payment is required at the time of registration.

Registration without payment does not hold a student's place in class.

**HEALTHCARE PROGRAMS**

*Students may not register for Healthcare Courses without attending a Healthcare Program Information Session. Please contact 979-830-4443 for more information.*

**COURSE CANCELLATION**

In the event a course is cancelled by Workforce Education, a full refund will be given to the student. Students will be notified of course cancellation three (3) business days before the start date.

**REFUND POLICY**

**To receive a full refund, the student must notify the division of workforce education forty eight (48) business hours (or 2 business days) before the course start date. Other withdrawals will result in prorated refunds per the following:**

**For classes which meet less than four (4) times:**

- a 50% refund will be given with less than 48 business hours cancellation
- no refund will be given after the first class

**For classes which meet four (4) to eight (8) times:**

- an 80% refund will be given before the second class day
- no refund will be given after the second class

**For classes which meet more than eight (8) times:**

- an 80% refund will be given before the second class
- a 50% refund will be given before the third class
- no refund will be available after the third class

**Refunds require a minimum of six (6) weeks to process. Students will not receive a refund immediately.**

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

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

# Applied Technology, Workforce, and Economic Development Registration Form

Date	Residency	Contact Information		
____/____/____	I currently reside: <input type="radio"/> Texas   County: _____ <input type="radio"/> Not Texas/County: _____	Primary Phone: Secondary Phone:		
Student Registration Information				
<b><u>Please use your name as it appears on your Driver's License</u></b>				
Last Name:	First Name:	Middle Name:		
Previous Last Name (if applicable):		Email:		
Street Address:				
City:	State:	Zip:		
Mailing Address (if different):				
Social Security Number: ____-____-____	Date of Birth: ____/____/____	Gender: <input type="radio"/> Male <input type="radio"/> Female		
Emergency Contact Name:	Relationship:	Phone #:		
Demographic Information				
The Following questions are used by the state to help provide support for our programs. Although not required, your cooperation is appreciated.				
<b>Ethnicity:</b>  Are you Hispanic or Latino? (a person Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) <input type="radio"/> YES <input type="radio"/> NO	<b>Race (check all that apply)</b> <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Hispanic or Latino <input type="radio"/> Native Hawaiian, Pacific Islander <input type="radio"/> Unknown Race	<b>Notes:</b>		
<b>What is your primary goal?</b> <input type="radio"/> Workforce Certificate, Specific Program? _____ <input type="radio"/> Other _____				
Course Selection				
<b>Course Title</b> <i>Ex. Nurse Aide for Healthcare Orgs</i>	<b>CRN (Course Registration #)</b> <i>Ex. 12002</i>	<b>Campus</b> <i>Ex. Hodde</i>	<b>Start Date / Time</b> <i>Ex. 1/1/15 5p-9p</i>	<b>Tuition</b> <i>Ex. \$480</i>
Payment is due at time of registration. Please read the refund policy on next page before registration.				
<b>Student Signature:</b>				
<b>Date:</b>				