



Department of  
Transportation

MATTHEW J. DRISCOLL Commissioner

# WorkSmartNY

## COMMERCIAL DRIVER LICENSE TRAINING PROGRAM APPLICATION

NYS DOT's On the Job Training Supportive Services (OJT/SS) program helps women, minorities and disadvantaged individuals gain training in heavy highway construction industry trades.

**Read each question carefully! Please make sure that you fill out each section completely. Incomplete applications will NOT be considered.**

*Please Print Clearly*

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address City State

Zip Code \_\_\_\_\_

County \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Gender:  Male  Female      Veteran:  Yes  No

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

High School Diploma or GED:  Yes  No    Highest Grade Completed:

Have you taken any other training?

OSHA       Yes  No    If so, how many hours? \_\_\_\_\_

Completion Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

HAZMAT     Yes  No

Completion Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

This program requires the operation of a motor vehicle or heavy equipment. Applicants must possess a drivers license valid in New York State as of the date of this application and continuously thereafter.

a. Do you currently have a valid driver's license that allows you to operate a motor vehicle in New York State?      Circle one: YES    NO

b. If yes, please select your license class: A B C D E Other (specify) \_\_\_\_\_

Licensing State: \_\_\_\_\_

License Number: \_\_\_\_\_

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR DRIVERS LICENSE TO THIS APPLICATION.

### References

Please provide the names of three references. These references should be people that have knowledge of your work goals, work or educational performance or other information that will help provide information about you that can be used during the application process.

Name/Title	Organization	Address	Phone number	Email address

Racial/Ethnic Origin (please check all that apply):

<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other: _____

Individuals that are not defined as a racial/ethnic minority pursuant to Title 23, Section 230.305 must meet income qualifications.

What is your annual household income?

Income: \_\_\_\_\_

Including yourself, how many people live in your household?

Number of people in your household: \_\_\_\_\_

2016 Federal Poverty Level Guidelines	
Persons in family/household	Income Guideline
1	\$12,060
2	\$16,240
3	\$20,240
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320

Courses will be held in the following DOT Regions:

Region 1- Albany

Region 3- Syracuse

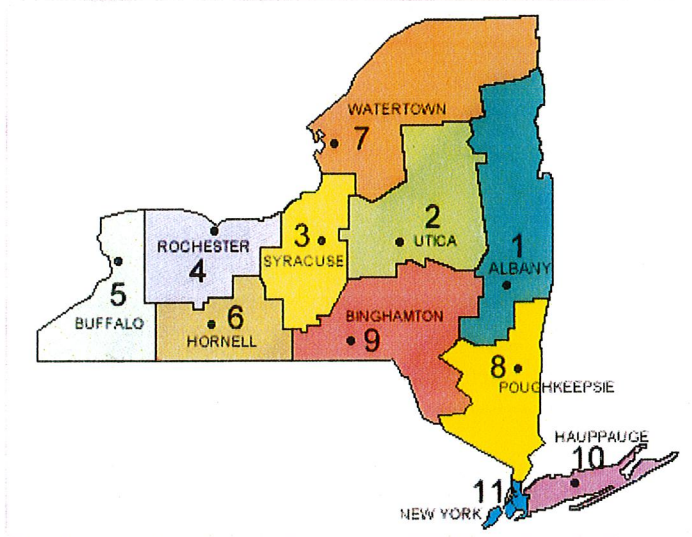
Region 4- Rochester

Region 5- Buffalo

Region 8- Poughkeepsie

Region 9- Binghamton

Region 10- Hauppauge



I hereby certify under penalty of perjury, that to the best of my knowledge, all statements on this form are true and correct. I also acknowledge that the information that I have provided is maintained for reporting purposes only and that identifying information will not be disclosed.

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Signature of Applicant

Date

**To submit your application:**

Please sign, print and scan a copy of the application, and email it to [civilrights@dot.ny.gov](mailto:civilrights@dot.ny.gov).

**Or**

Mail the application and all required attachments to:  
NYS DOT Office of Civil Rights  
50 Wolf Road, 6<sup>th</sup> Floor  
Albany, NY 12232