

North Florida Sales

CDL TRAINING PROGRAM APPLICATION



& Letter of Intention

Full name:

Last

First

M.I.

Date:

Address:

Street address

Apt./Unit #

Phone:

City

State

Zip Code

Email:

Driver's
License
number:

S.S no:

Current
Position with
NFS:

Have you acquired your CDL A Permit?

Yes

No

If yes, when?

Have you notified your supervisor of your
intention to apply for this program?

Yes

No

If yes, when?

Have you been employed with North Florida
Sales for at least One (1) Year?

Yes

No

Hire Date?

Have you had any Citations or Accidents in
the last Three (3) Years?

Yes

No

If yes, when?

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

Signature:

Date:
