



Partnered with:



Burlington County
Institute of
Technology
Adult Education

Fall 2022

CDL Class B

Office:

Superior Driving School
1333 Lakewood Rd
Toms River, NJ 08755

732-505-9470 or 877-664-5090

Yard:

Superior Driving School
2834 Lacey Rd
Forked River, NJ 08731

Call Office for Directions

www.superiordrivers.com

Superior Driving School

1333 Lakewood Rd, Toms River, NJ 08753

www.superiordrivers.com

Michael Chevalier
Director

732-505-9470
732-505-0466 fax
1-877-664-5090 Toll Free

Elizabeth Slocum
President

Welcome to the CDL Program offered by Burlington County Institute of Technology, Adult Education and Superior Driving School.

Upon signing up and paying for the course thru BCIT Adult Education's website at bcit.cc/adulted, the student will receive this packet. At that time the student must contact a representative of Superior Driving School to make an appointment (office hours are Monday thru Friday 8:00am to 4:30 pm, Saturday 9:00am to 12:00 Noon) to complete the paperwork and set up the training. Prior to starting school, the student must complete a D.O.T. Physical (our Dr.'s office hours are Monday thru Friday 8:30am – 4:00pm). This Physical **MUST** be passed prior to beginning training in the classroom. Without a passed D.O.T. Physical, a student cannot obtain a CDL License.

The course will begin on Monday, September 19, 2022 and continue two nights a week (Monday and Wednesday 6:00pm – 10:00pm) for ten classes, ending October 31, 2022. This will be the classroom portion of the school. Once the classroom portion has been completed, the class may be broken up into two training sessions to allow for smaller classes while training with the trucks. This will enable Superior instructors to provide more time to each student. **A student MUST pass ALL required written tests prior to continuing the training program.** The yard and road training courses will be held as such:

❖ Monday and Wednesday 6:00pm – 10:00pm

The yard and road training dates will be determined during the sign up of the course. Once one slot fills up, the remaining students will be automatically put into the remaining session. This will be determined on a first come first serve basis. The remainder of the program will be split between yard and road training. The yard and road training begins on November 14, 2022 and will be completed by January 2, 2023.

This course is based on a minimum attendance of 80%. If a student attendance falls below 80%, it may be grounds for dismissal subject to the cancellation policy terms of the contract. There will not be any make up days for the training missed.

The course (CDL Class B) is a total cost of \$2,400.00.

The payment breakdown is as follows:

Payment to BCIT Adult Ed = \$300.00 Payable upon signing up for the course.

Deposit to Superior = \$200.00 Payable upon signing up for the course.

The balance is owed to Superior in the amount of \$1,900.00.

The following payment options can be arranged with Superior Directly:

- ❖ \$2,100 paid in full upon signing upon for the course or
- ❖ \$200.00 deposit and then the 1,900.00 balance may be split up into payments. Please contact Superior directly for payment plan amounts and dates.

The course does not include the following Fees:

- ❖ NJ MVC CDL Permit
- ❖ D.O.T. Physical
- ❖ Passenger Fingerprints
- ❖ Hazmat Fingerprints

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STUDENT APPLICATION

Welcome to our school. We are pleased to know that you expressed an interest in the Career of Professional Tractor Trailer Driving.

In order to know a little about you and your interest in our school, please answer the following questions to the best of your knowledge.

Please be advised that all information will be held in the strictest confidence.

Date ____/____/____

Name _____ Age _____ Citizen _____

Street Address _____

City _____ State _____ Zip Code _____

Phone ____/____/____ Best time to contact you _____

Emergency Phone ____/____/____ Name & Relationship _____

Date of Birth ____/____/____ S.S. # ____ - ____ - ____

Field of Interest _____ Name of Spouse _____

Where did you hear about our School?

Newspaper _____ which one? _____

Friend or relative _____ who? _____

Other _____

WORK HISTORY

What type of work do/did you do? _____ Employer _____

How long _____ Normal working hours _____

Detail _____

Are you satisfied with your present earnings? _____

Approximately what are your present earnings? _____

What would you like to achieve in the way of earnings? _____

THIS SCHOOL IS LICENSED BY THE STATE OF NEW JERSEY

EDUCATIONAL HISTORY

How far did you go with your formal education? _____

Why did you stop? _____

What other formal education or training have you had (military, home, study, College, Etc) _____

If you had the opportunity, would you change any of your educational background?

_____ Why? _____

DRIVING RECORD Please complete entirely

Do you possess a driver's license? _____ How long? _____ State _____

DL# _____ - _____ - _____ Expiration Date ____ / ____ / ____ Points _____

Ever revoked in this state or any other _____ When _____

Why _____

Have you even been convicted of driving under the influence of alcohol or drugs in this

Or any other state? _____ If yes, When? _____

Have you ever had a motor vehicle violation in this or any other state that has not been

Resolved as of this date? _____

DUE TO THE PATRIOT ACT
THE HAZMAT AND PASSENGER ENDORSEMENTS MAY NOT BE AVAILABLE TO YOU.
THEREFORE, WE ARE REQUIRED TO OBTAIN THE FOLLOWING INFORMATION.

Have you ever been convicted of a felony? _____ If yes, when? _____

What were the charges? _____

PHYSICAL HISTORY

Are you in good health? _____ Do you have at least 20/40 vision in both eyes with

Glasses? _____ Have you ever had a back injury of any type? _____

Do you have good use of hands ___ Arms ___ Feet ___ Legs ___ Hearing _____

Do you have any condition which could cause fainting spells? _____

Have you ever been treated for Diabetes _____ Epilepsy _____ Heart Ailment _____

Are you presently taking any type of medication? _____ What type? _____

Use of intoxicants: Please check: Habitual ___ Occasional ___ Seldom ___ Never ___

Use of drugs: Please check: Habitual ___ Occasional ___ Seldom ___ Never ___

Any physical defects? _____ Describe _____

AMBITION AND MOTIVATION

Why do you want your CDL License? _____

What are your reasons for furthering your education? _____

Why now? _____

I understand in completing this application, the school is under no obligation to accept me, nor am I under obligation to Superior Driving School.

It is understood that the answers to the questions have been supplied by me and are true and correct to the best of my knowledge.

Date ____ / ____ / ____ Signature of Applicant _____

Superior Driving School

GENERAL RULES AND REGULATIONS

The following school regulations and policies must be observed at all times.
A violation of any of these items may lead to immediate termination from the program.

Sexual harassment of any kind will not be tolerated. Subjected to immediate termination.

Suspected use of alcohol or drugs.

Verbal or physical abuse towards a fellow student or staff member.

Unsatisfactory conduct during school hours.

Stealing of ANY kind.

Vandalism against school property. (Equipment, grounds, buildings)

Unauthorized use of school property.

Erratic driving of personal vehicles on school grounds.

Failure to keep tuition up to date.

Students MUST keep a GPA of 80% and have a total of 120 hours of training to graduate.

Excessive absenteeism and tardiness WILL NOT be tolerated. Students, who are absent for more than 2 unexcused days, must seek re-admittance. All excused absences must be made up at a later date, without penalty.

Proper attire must be worn at all times. NO shorts, ripped or torn jeans, no T-shirts with improper sayings or pictures.

The following safety guidelines MUST be followed at all times, NO exceptions!!!

No starting or moving vehicles without the presence of an instructor.

Use grab handles and steps when getting on or off the trucks.

Check all gauges when starting and operating vehicles.

Check all controls before moving any vehicle.

Check steering and brakes before backing up in a crowded area.

Look and blow the horn before backing up in a crowded area.

All yard and field rules MUST be followed completely.

Observe your surroundings, and operate the vehicle appropriately.

Keep the door closed while backing up.

NO smoking in any vehicle. NO food or beverages are permitted in any vehicle; all vehicles are too kept clean.

Horseplay will not be tolerated, this is NOT a game.

No weapons of any kind are allowed on school grounds or in the field. Including pocketknives.

Safety shoes must be worn when in the yard and in the field.

Report all malfunctions immediately to your instructor.

Notify your instructor, if you need to leave the training area.

All parked vehicles must have chock, to prevent rolling.

Please Print Clearly

Date: ____/____/____

Social Security#: ____-____-____

First Name: _____ MI: _____ Last Name: _____

Date of Birth: ____/____/____ Sex: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ DL # or other ID: _____

By signing below, I acknowledge the following:

- 1) I hereby give authorization to WORKNET Occupational Medicine to provide with me with medical treatment for my work related injury/illness and/or employment related physical examination. I understand that employment-related physical examinations are not meant to replace routine health care as provided by my private physician. I also understand that an employment-related examination is often times not a complete evaluation and is being performed solely to evaluate my ability to safely perform the tasks required of me by the job I am applying for or the job I am currently performing.
- 2) I hereby give WORKNET Occupational Medicine authorization to release to my employer, insurance company and their representatives any medical information, including any psychiatric and/or HIV related information, which is obtained as part of the treatment for the work related injury/illness, or employment related physical examination.
- 3) I understand that if the person or entity that receives the above information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed by such person or entity and will likely no longer be protected by the federal privacy regulations.
- 4) I understand that I may revoke this authorization at any time, except to the extent that action has been taken by WORKNET Occupational Medicine, by providing a written request to the Office where my care was provided.
- 5) I understand that I am not required to sign this form and medical treatment and/or substance abuse testing will not be withheld as a condition of signing this form.
- 6) I have been provided the WORKNET Occupational Medicine Notice of Privacy Practices.

Patient Signature _____ Date _____

Witness _____ Date _____

Substance Abuse Testing

If you are here for substance abuse testing at the request of your employer or prospective employer, the results will be sent to the designated employer representative (DER) at the above-mentioned company. A refusal or failure to submit to the requested test(s) at this time may be viewed as a positive test result by your company policy.

Type of Test: Urine Drug Test Breath Alcohol Other _____

Reason for testing: Pre-employment Random Post Accident Reasonable Suspicion

Return to Duty Follow Up Other _____

Office Use Only

Substance Abuse Test completed (Collector's Initials): Without incident _____ With incident _____ (Comment below)
