



Partnered with:



Burlington County  
Institute of  
Technology  
Adult Education

# Spring 2023

## 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](http://www.superiordrivers.com)

# Superior Driving School

1333 Lakewood Rd, Toms River, NJ 08753

[www.superiordrivers.com](http://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](http://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, January 23, 2023 and continue two nights a week (Monday and Wednesday 6:00pm – 10:00pm) for ten classes, ending February 27, 2023. 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 March 13, 2023 and will be completed by April 24, 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 \$2,600.00.

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 \$2,100.00.

The following payment options can be arranged with Superior Directly:

- ❖ \$2,300 paid in full upon signing up for the course or
- ❖ \$200.00 deposit and then the 2,100.00 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.

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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? \_\_\_\_\_

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### 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)

