



TRUCK DRIVING SCHOOL

APPLICATION FOR ENROLLMENT – PERSONAL INFORMATION Please PRINT CLEARLY

Name (As it appears on your Drivers License)

Last _____ Date _____
First _____ Middle _____

Home Address

Street Address _____ Unit # _____
City _____ State _____ Zip Code _____

Mailing Address (complete only if different than above)

Street Address _____ Unit # _____
City _____ State _____ Zip Code _____

Contact Information

Home Phone _____ Cell _____ Email _____

Personal Information

Date of Birth _____ Age _____

The following Information is for statistical use and may be used by state and federal agencies.

Male Female Native American Black White Asian Hispanic Pacific Islander Other
Married Yes No

Social Security Number _____ (Note: Name must match name as issued on Drivers License)

Drivers License Number _____ State _____ Class _____ (C = standard car)

Education

I have: High School Diploma Date _____ Mil. DD-214 Date _____
College Diploma Date _____ GED Date _____

In the absence of these documents, applicant will be eligible for training by passing the Ability to Benefit test.

Emergency Notification (if married spouse should be listed)

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

This is a two-sided document, please complete both sides.

School Use Only, Leave Blank

Class Start Date _____ Campus _____ Today's Date _____

Course: Class A/P (186hr) Class A (160hr) Class B/P (120hr)



TRUCK DRIVING SCHOOL

APPLICATION FOR ENROLLMENT (con't)

Medical Information

Do you have any Medical Problems? No Yes If yes, explain _____

Are you taking any medications that would interfere with operating a motor vehicle? No Yes

List those medications _____

Do you have any impairments (physical, visual, hearing, speech)? Describe _____

Driving & Criminal History

Date(s) of Traffic Citation(s) _____ or none

Date(s) of Traffic Accident(s) _____ or none

Date(s) of DUI(s) _____ or none

Date(s) of Felony Conviction(s) _____ or none

Have you ever been convicted for delinquent child support? No Yes Date: _____

Have you ever been convicted for controlled substance abuse? No Yes Date: _____

Previous Truck Driving Experience

Have you driven a truck with a GVWR greater than 26000 pounds?: Yes No

If yes describe length of employment and vehicle type: _____

(For office use only: Credit evaluation completed when required (date) _____)

References (May be Work, Family or Friends)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Miscellaneous Information

Payment Type or Types: Cash Check Credit Card Finance Voucher Voc. Rehab.

Rehab. WIA Military Tuition Assistance MGIB Other _____

How did you hear about our school?

Newspaper (name) _____ Yellow Pages Counselor Saw Truck Friend

Web Referral Online DriveTrucks.com Other _____

Applicant Signature _____ **Date** _____

This is a two-sided document, please complete both sides.

Interdepartmental Use Only, Leave Blank

Approved Date _____ Denied Date _____ Reason _____