

# STUDENT DRIVER'S APPLICATION FOR ENROLLMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-related medical condition or handicap.

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Apt. City

State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

Address \_\_\_\_\_ How Long \_\_\_\_\_

For Past Street Apt. City, State, Zip

Three \_\_\_\_\_ How Long \_\_\_\_\_

Years Street Apt. City, State, Zip

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not how long since leaving last employment? \_\_\_\_\_

Who referred you \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Expected time of training period \_\_\_\_\_

Can you train nights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No

## REFERENCES

### LIST THREE (3) PERSONAL REFERENCES

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY STATE ZIP CODE

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY STATE ZIP CODE

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY STATE ZIP CODE

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

### LIST THREE (3) PROFESSIONAL REFERENCES

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY STATE ZIP CODE

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY STATE ZIP CODE

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY STATE ZIP CODE

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE		
NAME			FROM	TO	
			MO. YR.	MO. YR.	
ADDRESS			POSITION HELD		
CITY	STATE	ZIP CODE	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING		

EMPLOYER			DATE		
NAME			FROM	TO	
			MO. YR.	MO. YR.	
ADDRESS			POSITION HELD		
CITY	STATE	ZIP CODE	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING		

EMPLOYER			DATE		
NAME			FROM	TO	
			MO. YR.	MO. YR.	
ADDRESS			POSITION HELD		
CITY	STATE	ZIP CODE	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING		

## DRIVING RECORD

How many accidents have you had during the **past five (5) years**? (Attach sheet if more space is needed.)

If none, please print NONE in space provided.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES	INJURIES
MOST RECENT			
PREVIOUS			
NEXT PREVIOUS			

How many traffic violations have you had in the **past five (5) years**? (Attach sheet if more space is needed.)

If none, please print NONE in space provided.

LOCATION	DATE	CHARGE	PENALTY

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4  
 LAST SCHOOL ATTENDED \_\_\_\_\_

NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_  
 HIGH SCHOOL GRADUATE? If yes what year: \_\_\_\_\_ GED? YES  NO  Date: \_\_/\_\_/\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 FACILITY \_\_\_\_\_

MILITARY SERVICE  
 BRANCH \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
 TYPE OF DISCHARGE \_\_\_\_\_  
 BRIEF DESCRIPTION OF JOB DUTIES \_\_\_\_\_

## EXPERIENCE AND QUALIFICATIONS-DRIVER

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
ANY DRIVER LICENSES (PAST, PRESENT)				

ENDORSEMENTS \_\_\_\_\_

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes  No
- C. Have you had a DWI or DUI in the last seven (7) years? Yes  No
- D. Have you ever failed a drug or alcohol test? Yes  No
- E. Have you ever been arrested? Yes  No
- F. Have you ever been convicted of a misdemeanor or felony? Yes  No
- If you answered yes to any of the above please explain briefly. Attach a separate sheet if necessary. \_\_\_\_\_

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, ETC.)	DATES		APPROXIMATE NO. OF MILES (Total)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR- TWO TRAILERS				
OTHER				

### MEDICAL AND PHYSICAL CONDITION

1. Rate your health: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_
  2. Do you have any restrictions on your ability to perform work? \_\_\_\_\_ Any disabilities: Yes \_\_\_\_\_ No \_\_\_\_\_
  3. Can you sit for long periods of time? \_\_\_\_\_ Can you repeatedly lift 75 pounds? Yes \_\_\_ No \_\_\_
  4. Are you now under a Doctors care? \_\_\_\_\_ Have you filed a workman's compensation claim? When \_\_\_\_\_
  5. Are you pregnant? \_\_\_\_\_
  6. Would your medical history prevent you from qualifying for a health card? \_\_\_\_\_
  7. Do you have trouble getting along with others? Yes \_\_\_\_\_ No \_\_\_\_\_ You are: friendly Y\_\_\_N\_\_\_ ; outgoing Y\_\_\_N\_\_\_ unfriendly Y\_\_\_N\_\_\_ ; No one's business how I behave while at work True \_\_\_ False \_\_\_
- If you answered yes to any of the above please explain \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

I certify that I personally completed this application and that all of the information is true and correct. I authorize MID-AMERICA TRUCK DRIVING SCHOOL, INC. or their agents to obtain any and all information from previous employers, criminal checks and US Investigative Services (DAC Services), or other consumer reports, in accordance with state and federal laws. Further more, I give my express consent for MID-AMERICA TRUCK DRIVING SCHOOL, INC., any previous employer, their agent, or Medical Review Officer or their agent to release information concerning any of my past controlled substances test results. I understand that false or misleading information will disqualify me from further consideration and I am subject to immediate termination if this becomes known after employment has begun. Applicants not offered employment will not be provided any details, as company policy does not allow disclosure of this information. I authorize my previous employers to release any information required by MID-AMERICA TRUCK DRIVING SCHOOL, INC. and hold them harmless of all liability for the release of said information.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

# PROCESS RECORD

Applicant Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

Date Enrolled \_\_\_\_\_ Date Dropped \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

(If rejected, summary report of reasons should be placed in file)

This section to be filled in by responsible officer or company representative.

	Superior	Good	Fair	Below Average	Poor	Written Record On File
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Skills Test						
6. Criminal Background						
7. DOT Physical						
8. Drug Screen						
9. Traffic Violations						
10. Accidents						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

## TERMINATION OF ENROLLMENT

DATE TERMINATED \_\_\_\_\_ REASON \_\_\_\_\_

CHARACTER OF SERVICE \_\_\_\_\_

RECOMMEND FOR REHIRE YES  NO

### ACCIDENTS:

NUMBER OF PREVENTABLE \_\_\_\_\_ NUMBER OF NONPREVENTABLE \_\_\_\_\_

### MOVING TRAFFIC VIOLATIONS:

SEE ATTACHED

### ARRESTS/CONVICTIONS:

SEE ATTACHED