

MID-AMERICA TRUCK DRIVING SCHOOL, INC

ENROLLMENT APPLICATION

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

Date of Application _____

Email _____

Name _____ Social Security Number _____
Last First Middle

Address _____
Street/P.O. Box Apt. City & State

State, Zip _____ Phone _____

Cell Phone number_(____) _____ - _____

Address _____ How Long _____

For Past Street Apt. City, State, Zip

Three _____ How Long _____

Years Street Apt. City, State, Zip

Do you have permanent resident card, U.S. Passport, or Citizenship? yes ___ no ___.

Employment Eligibility Card from: Mexico ___ or from Canada ___ other _____

Date of Birth Mo Day Year _____ Can you provide proof of age? _____
XX / XX / XXXX

Where were you born? _____
City State

Do you have your birth certificate? Yes No _____.

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

Who referred you? _____

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) RELATIVE 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	

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
LAST ACCIDENT			
NEXT 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 _____

MILITARY SERVICE
BRANCH _____ FROM _____ TO _____

TYPE OF DISCHARGE _____

BRIEF DESCRIPTION OF JOB DUTIES _____

EXPERIENCE AND QUALIFICATIONS-DRIVER

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

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 _____
 2. Do you have any limitations on your ability to perform work? _____
 3. Can you sit for long periods of time? _____
 4. Can you lift seventy-five (75) pounds? _____
 5. Are you pregnant? _____
 6. Would your medical history prevent you from qualifying for a health card? _____
- 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

Application Approved _____ Application Rejected _____
Basis of Decision from Grid Basis of Decision from Grid
 Date Approved _____ Campus Location _____
 Department _____ Classification _____
 (If rejected, summary report of reasons should be placed in file)

This section to be filled in by
company representative.

	Superior	Good	Fair	Below Average	Poor	Written Record On File
1. Application						
2. Interview						
3. Past Employment						
4. Health/BAC/Drug Screen						
5. Tickets/Accidents						
6. Criminal/Convictions						

SIGNATURE OF INTERVIEWER _____

ENROLLMENT

CLASS DATES: _____ **NIGHT CLASS:** Yes No

GRADUATION STATUS: Yes No **Comments:** _____

Comments: _____

RECOMMENDATIONS/REFERRALS YES NO

COMPANIES: 1) _____ 2) _____ 3) _____
 4) _____

EMPLOYER CONTACT INFO:

COMPANY NAME _____ **ADDRESS** _____

Street or POB City, State Zip Code

PHONE: _____ **COMPANY CONTACT** _____

STARTING PAY RATE: _____

ACCIDENTS:

NUMBER OF PREVENTABLE _____ **NUMBER OF NONPREVENTABLE** _____

MOVING TRAFFIC VIOLATIONS/ACCIDENTS:

SEE ATTACHED