

UNITED TRUCK DRIVING SCHOOL

APPLICATION FOR ENROLLMENT – PERSONAL INFORMATION

Class Start Date _____ Today's Date _____
Course: Class A/P (186hr) _ Class A (160hr) _ Class B/P (120hr) _

Name (As it appears on your Drivers License)

Last _____
First _____ Middle _____

Personal Information

Social Security No. _____ (Note: Name must match name as issued on Drivers License)
Date of Birth _____ Age _____ Married? Yes _ No _

The following Information is for statistical use and may be used by state and federal agencies (optional):

Native American _ Black _ White _ Asian _ Hispanic _ Pacific Islander _ Other _

Home Address

Street Address _____
City _____ State CA _ or _____ Zip Code _____

Mailing Address (complete only if different than above)

Street Address _____
City _____ State CA _ or _____ Zip Code _____

Phone Numbers

Home No. _____ Work No. _____ Cell No. _____

Driver License

Drivers License No. _____ Drivers Lic. State CA _ or _____ Class _____

Emergency Notification

Name _____
Relationship _____ Phone No. _____

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.

This is a two-sided document, please complete back

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 controlled substance abuse? No Yes Date: _____

Previous Truck Driving Experience

Have you driven a truck with a GVWR greater than 13 tons?: Yes No

If yes describe: (years, vehicle type) _____

Credit evaluation completed (date) _____

References (May be Work, Family or Friends)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Miscellaneous Information

Non-resident Alien Language Preference: English Español

Payment Type Cash Check Finance Voc. Rehab. Rehab. WIA

How did you hear about our school?

Newspaper (name) _____ Yellow Pages Counselor Saw Truck Friend

Web Other _____

Applicant Signature _____ Date _____

INTERDEPARTMENTAL USE ONLY, LEAVE BLANK

Approved Date _____ Denied Date _____

Reason for denial _____

Reference Cross Check

Ref. 1 Call date _____ Years/Months Applicant known _____

Ref. 2 Call date _____ Years/Months Applicant known _____

Ref. 3 Call date _____ Years/Months Applicant known _____