SCHOOL: (903) 596-7744

EMAIL:

Carl@GetMyCDL.com

I understand that by completing this form, Career Trucking School, Inc. is under no obligation to accept me as a student and I am under no obligation to Career Trucking School, Inc. I agree to provide all required admission documentation needed for enrollment in the Career Truck Driver course and certify that the information contained in this application is correct. Career Trucking School, Inc. adheres to practices and policies of equal opportunity in admissions and employment.

Date: _____ Email Address: _____

Name: _____ (Last) _____ (First) _____ (Middle Initial)

Mailing Address: _____ (Street) _____ (City, State) _____ (Zip Code)

Phone: _____ Cell Phone: _____

Driver's License Number: _____ State: _____ Class: _____ Expires: _____

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female

In case of emergency notify: _____ (Name) _____ (Relationship)

_____ (Address) _____ (City) _____ (State) _____ (Zip) _____ (Phone Number)

Are You…	**CHECK ONE**
Married	☐
Single	☐
Divorced	☐
Separated	☐

	Yes	No
Do you live with parents?	☐	☐
Do you have a high school diploma/GED?	☐	☐
Have you attended any schools beyond high school?	☐	☐
If yes, did you receive any financial aid?	☐	☐
If so, was it in the form of a student loan?	☐	☐
Are you a US citizen?	☐	☐

Do you have….	Yes	No	How many?
Careless/Reckless Driving charges in the past 3 years?	☐	☐	
Moving violations in the past 3 years?	☐	☐	
Traffic/Vehicle accidents in the past 3 years?	☐	☐	
Traffic tickets pending?	☐	☐	
Have you ever….			
Had your drivers license suspended?	☐	☐	
Been convicted of a DWI or DUI?	☐	☐	
Had a misdemeanor conviction?	☐	☐	
Had a felony conviction?	☐	☐	
Had any alcohol or drug violations in the last 3 years?	☐	☐	
Been, or are you currently, on parole or probation?	☐	☐	
Served in the military?	☐	☐	

Disabilities that may prevent you from passing a DOT physical exam (circle any of the following that apply to you)

☐ Poor eyesight ☐ Poor hearing
☐ Loss of fingers ☐ Color blindness
☐ Loss of toes ☐ Epilepsy
☐ Heart trouble ☐ Back problems
☐ Fainting spells ☐ Diabetes
☐ Dizzy spells ☐ High blood pressure

My signature below certifies that I have circled all applicable disabilities listed above.

I understand that prior to the start of my training, I must present to the school a current Department of Transportation Physical Examination that meets all required criteria.

X _____
Applicant Signature

Current Employer: _____

Number of jobs in the past **5** years? _____

How did you hear about Career Trucking School? _____

_____

APPLICANT SIGNATURE

Interviewed By: _____ Date: _____

Remarks: _____

_____

Qualified: ☐ Not Qualified: ☐

CURRENT AND PAST RESIDENCE

(Street) (City) (State & Zip) How Long?

(Street) (City) (State & Zip) How Long?

(Street) (City) (State & Zip) How Long?

(Street) (City) (State & Zip) How Long?

CERTIFICATION OF D.O.T. PHYSICAL

Drivers must meet the medical standards of the D.O.T. and receive a (2) two year medical certification from approved doctor.

ACCIDENT INFORMATION

I certify that the following is a true and complete list of all traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral in the past 5 years (if not applicable please write N/A).

Date	Description	Type of Accident	Injuries	Cited

TRAFFIC VIOLATION

Date	Offense	City/State	Penalty

WORK HISTORY FOR THE PAST 3 YEARS

Begin with your present or most recent job and work backwards in order listing all your employers for the past 3 years including all full and part-time employment. All time must be accounted for including military service, self-employment and periods of unemployment.

Current Employer: Name _____ Supervisor _____

Are you presently employed? YES ☐ NO ☐ May we call your current employer? YES ☐ NO ☐ Telephone _____

Address _____ Rate of Pay _____

Position Held _____ From _____ (Month/Year) To _____ (Month/Year)

2nd Last Employer: Name _____ Supervisor _____

Are you presently employed? YES ☐ NO ☐ May we call your current employer? YES ☐ NO ☐ Telephone _____

Address _____ Rate of Pay _____

Position Held _____ From _____ (Month/Year) To _____ (Month/Year)

3rd Last Employer: Name _____ Supervisor _____

Are you presently employed? YES ☐ NO ☐ May we call your current employer? YES ☐ NO ☐ Telephone _____

Address _____ Rate of Pay _____

Position Held _____ From _____ (Month/Year) To _____ (Month/Year)

TO BE READ AND SIGNED BY APPLICANT: It is agreed and understood that any misrepresentations of information given shall be considered an act of dishonesty. Falsification or omission on this application is grounds for immediate termination of this contract. It is agreed and understood that **CAREER TRUCKING SCHOOL**, or its agents, may investigate my background, including credit information, to ascertain the veracity of any and all information, whether same is contained on this document or not, and I release **CAREER TRUCKING SCHOOL** and its agents from all liability for any damages on account of furnishing such information. I agree to furnish such additional information and complete such examinations as may be required by **CAREER TRUCKING SCHOOL**. I acknowledge that I will be required and agree to submit to a physical examination and testing for alcohol and drug use as a part of the school's evaluation procedures and authorize release of my results to **CAREER TRUCKING SCHOOL** and the school's use of those results in deciding whether I should be offered training in truck driving. I acknowledge and agree that evidence of illegal alcohol and/or drug use will be grounds for immediate disqualification without notice and without recourse.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES ON IT, AND INFORMATION IN IT, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date: _____ Signature of Applic _____