

MIDLAND COLLEGE TRANSPORTATION TRAINING

Commercial Driver's License (CDL) Preparation Program

Date _____

Name _____ Soc. Sec. # _____ Citizen Yes No

Street Address _____

City _____ State _____ Zip _____

Phone _____ Alt. # _____ Date of Birth _____

Best time to call _____ How did you hear about MCTT _____

PERSONAL HISTORY

Married/Single _____ Name of Spouse _____

Do you have children Yes No Own home or rent? _____ How long? _____

Military Experience? Yes No How long? _____ Discharged _____ Type _____

Have you ever had a DUI, DWI, or any alcohol related convictions? Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain and include year on a sheet of paper

PHYSICAL HISTORY

Are you in good health Yes No Do you have at least 20/40 vision in each eye with glasses Yes No

Do you have good use of Hands? _____ Arms? _____ Feet? _____ Legs? _____ Hearing? _____

Do you have a condition in which could cause fainting spells? Yes No

Have you ever been treated for: Diabetes Epilepsy Heart Other _____

Use of Alcohol: HABITUAL OCCASIONAL SELDOM NOT AT ALL

Use of Drugs: HABITUAL OCCASIONAL SELDOM NOT AT ALL

Any physical defects: Yes No (If yes, please describe) _____

Date of last physical _____ I certify, to the best of my knowledge, I am in good condition.

EDUCATIONAL HISTORY

Circle Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Diploma? Yes No GED? Yes No Last school attended _____

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987, they must also show commercial driver employment for the seven years immediately preceding this three-year period. § 391.21 (b) (10), (11). **Start with last or current military experience or employer.**

Current employer _____ Supervisor's Name _____

Address _____ Phone _____ Position _____

From _____ To _____ Salary? _____ Reason for Leaving _____
Month/Year Month/Year

Previous Employer _____ Supervisor's Name _____

Address _____ Phone _____ Position _____

From _____ To _____ Salary? _____ Reason for Leaving _____
Month/Year Month/Year

Previous Employer _____ Supervisor's Name _____

Address _____ Phone _____ Position _____

From _____ To _____ Salary? _____ Reason for Leaving _____
Month/Year Month/Year

DRIVER EXPERIENCE & QUALIFICATION

LICENSES

Driver License held in the past 3 years must be shown	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege, ever been suspended or revoked? Yes No

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered "Yes" to A, B, or C, please explain on separate sheet of paper.

ACCIDENT REVIEW FOR THE PAST 3 YEARS

(Attach a separate sheet of paper if more space is needed.)

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES

for the past 3 years other than parking violations.

LOCATION	DATE	CHARGE	PENALTY

I UNDERSTAND THAT IN COMPLETING THIS APPLICATION MIDLAND COLLEGE IS UNDER NO OBLIGATION TO ACCEPT ME, NOR AM I UNDER OBLIGATION TO MIDLAND COLLEGE TRANSPORTATION TRAINING. It is agreed and understood that the answers to the foregoing questions have been supplied by me and are true and correct to the best of my knowledge, and that any misrepresentation of information given above shall be considered an act of dishonesty.

Date _____ Signature of Applicant _____

----- **-DO NOT WRITE BELOW THIS LINE-** -----
- - -

I have interviewed this applicant and have reviewed his/her qualifications.

I Do Do Not recommend this applicant.

Comment _____

Date: _____ MCTT Representative _____