



GREAT LAKES TRUCK DRIVING SCHOOL

Application for Training

Office Use Only: <input type="checkbox"/> 600 Hr Premier Driver Dev. (Option 1) <input type="checkbox"/> 600 Hr Premier Driver Dev. (Option 2) <input type="checkbox"/> 360 Hr CDL Skills / Heavy Equipment <input type="checkbox"/> 300 Hr Pro-Driver Training Program <input type="checkbox"/> 200 Hr CDL Skills Training Program <input type="checkbox"/> 160 Hr. Heavy Equipment Operation <input type="checkbox"/> 150 Hr Tractor Trailer Upgrade Course <input type="checkbox"/> 100 Hr Straight Truck Bus Skills Course <input type="checkbox"/> 44 Hour Refresher Course <input type="checkbox"/> 40 Hour Oil Field Safety Certification Course <input type="checkbox"/> Add Bus Training	Notes: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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I understand that by completing this application, the school is under no obligation to accept me, and I am under no obligation to the school.

NAME: _____ **SSN:** _____ **DATE:** _____

HOME PHONE: _____ **CELL PHONE:** _____

E-MAIL: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DATE OF BIRTH: _____ **AGE:** _____

- | | | |
|--|---|--|
| RACE: <input type="checkbox"/> ASIAN / PACIFIC ISLANDER
<input type="checkbox"/> BLACK / NON HISPANIC
<input type="checkbox"/> WHITE / NON HISPANIC
<input type="checkbox"/> HISPANIC
<input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE
<input type="checkbox"/> RACE / ETHNICITY UNKNOWN | MARITAL STATUS: <input type="checkbox"/> MARRIED
<input type="checkbox"/> SINGLE
<input type="checkbox"/> DIVORCED
<input type="checkbox"/> SEPARATED | SEX: <input type="checkbox"/> MALE
<input type="checkbox"/> FEMALE |
|--|---|--|

LICENSE #: _____ **TYPE:** _____ **STATE WHERE LICENSED:** _____

WHAT COUNTY DO YOU CURRENTLY RESIDE IN? _____

WHAT IS THE DISTANCE YOU TRAVEL TO OUR SCHOOL? 0-15 MILES 15-25 MILES
 25-50 MILES 50 MILES OR MORE

EDUCATIONAL BACKGROUND

- | | |
|---|---|
| <input type="checkbox"/> High School Grad Year: _____ | <input type="checkbox"/> ATB _____ |
| <input type="checkbox"/> GED Year: _____ | <input type="checkbox"/> Degree _____ |
| <input type="checkbox"/> GED Prep. _____ | <input type="checkbox"/> Counsel / Remedial _____ |
| <input type="checkbox"/> Home Schooled | |

VETERAN

Are you a Veteran? Yes No

DEMOGRAPHIC AREA

- Urban (over 100,000) Suburban (25,000 to 100,000) Rural (under 25,000)

HEALTH

Do you currently have or have you **ever** had **any** physical problems such as, a bad back, neck, leg, etc. or, do you have any of the following problems: vision in either eye, diabetes, hearing, epilepsy, high blood pressure, lifting limitations (DOT Physical and Drug Screen required)

If yes, please explain _____

ANSWER THE FOLLOWING QUESTIONS, IF YOU ANSWER YES TO ANY; PLEASE EXPLAIN IN THE SPACE PROVIDED. WE WILL BE RUNNING YOUR DRIVING RECORD AND A BACKGROUND CHECK UPON RECEIPT OF YOUR SIGNED CONSENT.

- 1. In the past 5 years, have you been convicted of more than 3 moving violation or any speeding in excess of 15 mph over the legal speed limit? YES NO
- 2. Have you been involved in more than 1 accident in the past 5 years? YES NO
- 3. Have you been convicted of any major violations in the last 5 years? YES NO
- 4. Do you have any alcohol related violations (breathalyzer failure, DUI, DWI,OVI, etc.) in the past 5 years or have you ever had more than 1? YES NO
- 5. Has your driver’s license been suspended or revoked in any state in the last 5 years? YES NO
- 6. Do you have any outstanding fines or debts for traffic violations? YES NO
- 7. Have you ever had high-risk insurance? YES NO
- 8. Do you have any difficulty reading, writing, or understanding English? YES NO
- 9. Have you ever driven a straight truck? How long? _____ YES NO
- 10. Have you ever driven a tractor-trailer? How long? _____ YES NO
- 11. Will it be difficult for you to provide your 10 year work history? YES NO
- 12. Have you ever been convicted of a felony? YES NO

If you answered “YES” to any of the above questions, indicate which question number(s) and explain in the space provided below.

I, the undersigned, clearly understand that a YES answer to any of the questions may prohibit me from obtaining employment as a tractor-trailer or straight truck driver and I certify that all entries are true and correct.

Signature Date

EMPLOYMENT HISTORY (Past employers will **NOT** be contacted)

Please Note: Your employment history must detail the past ten (10) years. If additional space is needed, please contact your Admissions Representative for additional forms.

Could you accept employment within two (2) weeks of completing training? YES NO

Present or Last Employer

Dates of Employment: From: _____ To: _____
Company Name: _____ Supervisor: _____
Address: _____ City/State/Zip: _____
Telephone: _____ Duties Performed: _____
Position/Title: _____ Salary: _____ Hourly/Monthly
Reason for Leaving: _____

Present or Last Employer

Dates of Employment: From: _____ To: _____
Company Name: _____ Supervisor: _____
Address: _____ City/State/Zip: _____
Telephone: _____ Duties Performed: _____
Position/Title: _____ Salary: _____ Hourly/Monthly
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Address: _____ City/State/Zip: _____
Telephone: _____ Duties Performed: _____
Position/Title: _____ Salary: _____ Hourly/Monthly
Reason for Leaving: _____

Are there any gaps in your work history? YES NO

If yes, please explain _____

What type of employment do you desire if you attend and graduate from Great Lakes Truck Driving School?
_____ Long Haul Team _____ Long Haul Solo _____ Regional _____ Local _____ Owner Operator

Great Lakes Truck Driving School Code of Ethic

For those with barriers to employment, we have a Job Placement Pre-Approval Program. This program pre-qualifies a potential student with a chosen employer prior to enrolling at GLTDS. This enables us to assure the agency and the student a career upon graduation and provide the student with the best possible chance for success. For more information on Pre-Approval, contact our Placement Director Toll free at 1-866-932-3436 Ext. 224.

PERSONAL REFERENCES (NON WORK RELATED)

Name: _____ Relationship: _____
Phone No.: _____ Years Acquainted: _____
Address: _____ City/State/Zip: _____

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Phone No.: _____ Years Acquainted: _____
Address: _____ City/State/Zip: _____

Name: _____ Relationship: _____
Phone No.: _____ Years Acquainted: _____
Address: _____ City/State/Zip: _____

LIST YOUR ADDRESSES FOR THE PAST 3 YEARS

Current Address: _____ Apt : _____ How long there: _____

City: _____ State: _____ Zip Code: _____

Previous Address: _____ Apt : _____ How long there: _____

City: _____ State: _____ Zip Code: _____

Previous Address: _____ Apt : _____ How long there: _____

City: _____ State: _____ Zip Code: _____

Drug and alcohol testing is mandatory for employment in the trucking industry. Passing the Department of Transportation (DOT) physical is required for admittance. Random drug and alcohol testing is a routine practice of the trucking industry and therefore, is a practice of Great Lakes Truck Driving School.

By signing below, you are acknowledging that you understand you will undergo these tests in order to be admitted to the school, and the information you've provided in this application is accurate.

Signature

Date

FOR QUICK PROCESSING, PLEASE FAX THIS
APPLICATION USING THE FOLLOWING NUMBER

440-236-3507