



Professional Truck Driver Training Application

Disclaimer: The information you provide on this form will remain confidential and will only be used to improve services aimed at workforce development activities.

Please Print

Full Name (last, first and middle initial) _____

Name Preferred: _____

SSN: _____ **Date of Birth:** _____

Would you like to take the no cost written exam prep class? ____yes ____no?

- Race:** American Indian/Alaskan native Hawaiian native/Pacific Islander
 Asian White
 African American

Sex: Female Male

Have you ever been convicted of a felony? Yes No
If yes, please list all circumstances and date.

Have you received any speeding or reckless driving tickets? If yes, list dates. Yes No

Are you available and/or willing to work overtime (non-traditional hours/holidays/weekends/etc.)? Yes No

Education: Please indicate which of the following best describes your level of education:
 Less than High School Associate degree
 High School degree/GED Bachelor degree
 Some College (no degree) Graduate/Professional degree

Employment Status: Please indicate if you are currently:
 Employed Unemployed
 Retired

Employment Type: Please tell us if your current or most recent employment is/was:
 Full Time Seasonal
 Part Time

Please name your current or most recent employer: _____

Contact Information:
(Your) Street Address: _____

City _____ State _____ Zip _____ County _____

Telephone Number: () _____ - _____ Email Address: _____

Signature _____ Date _____

Drivers License # _____ **CDL#** _____