



PROFESSIONAL DRIVERS ACADEMY APPLICATION FOR TRAINING

CLASS # _____

Completion of this application is to determine your qualifications for training. This is not a contract.

FUNDING _____

PERSONAL INFORMATION

Date _____

Name _____ Age _____ U.S. Citizen? Yes No

Address _____ City and State _____

Zip Code _____ Cell Phone No. _____ How long there? _____

Social Security No. _____ Email Address _____

Date of Birth _____ Height _____ Weight _____ Eyes _____

Married Single Widowed Divorced Separated Number of Children _____

Which of the following are your reasons for furthering your training now?

A new job or skill Advancement Personal improvement Increased earnings Other

Is your significant other (or parents) co-operative about your desire to study and get ahead? Yes No

How did you find out about Professional Driver's Academy? _____

PHYSICAL FITNESS

Are you in good health? Yes No Do you have at least 20/40 vision in both eyes with glasses? Yes No

Do you have use of Hands? Yes No Arms? Yes No Feet? Yes No Legs? Yes No

Good Hearing? Yes No Do you have any condition which could cause fainting spells? Yes No

Use of intoxicants: Habitual Occasional Seldom Not at all

Have you ever had a drug test? Yes No Can you pass a drug test today? Yes No

Any physical defects? Yes No Describe _____

EDUCATION

High School College Any other training or education (explain)? _____

Do you have a diploma, G. E. D. Equivalency or Correspondence certificate? Yes No

CHARACTER AND REPUTATION

Have you ever been bonded? Yes No Bond ever refused? Yes No

Have you ever been discharged from a job for misconduct? Yes No

Give two personal character references (other than employers or relatives)

Name _____ Phone No. _____

Name _____ Phone No. _____

DRIVING RECORD

Driver's License Number _____ State issued by and Expiration Date _____

How many points currently against your driver's license? _____ Ever been revoked or suspended? Yes No

If yes, when, how long and why? _____

Have you ever been convicted of driving under the influence of alcohol / drugs? Yes No

How many traffic violations in last 3 years? _____ How many traffic accidents in last 3 years? _____

EXPERIENCE

Have you had any experience in truck driving? Yes No If yes, how many years? _____

What kind of equipment have you driven? _____

WORK RECORD (FOR OUR INFORMATION ONLY, WILL NOT BE CONTACTED)

Present or past employer _____ From _____ To _____

City / State _____ Occupation _____

Previous employer _____ From _____ To _____

City / State _____ Occupation _____

FINANCIAL RESPONSIBILITY

Name of Bank or Savings Institution _____ City / State _____

Checking account? Yes No Savings account? Yes No Loan account? Yes No

Give a credit references (open or closed accounts)

Name _____ Phone No. _____

FOR VETERANS ONLY

Branch of service _____ From _____ To _____

Type of discharge _____ Rank or rate _____ Ever received Vet benefits? Yes No

PDA ADMITS, TRAINS, AND REFERS STUDENTS WITHOUT REGARD TO RACE, COLOR, SEX, OR NATIONAL ORIGIN

PDA DOES NOT GUARANTEE EMPLOYMENT

I UNDERSTAND THAT IN COMPLETING THIS APPLICATION, THE SCHOOL IS UNDER NO OBLIGATION TO ACCEPT ME, NOR AM I UNDER OBLIGATION TO PROFESSIONAL DRIVERS ACADEMY. It is agreed and understood that the answers to the foregoing questions are true and correct, and that any misrepresentation of information given above shall be considered an act of dishonesty.

Signature of applicant _____ Date _____

FOR OFFICE USE ONLY—DO NOT WRITE BELOW

I have interviewed this applicant and have reviewed his / her qualifications. I recommend : Accept Reject

Comments: _____ Representative _____