



# GREAT LAKES TRUCK DRIVING SCHOOL

## Application for Training

<b>Office Use Only:</b> <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"/> 45 Hour Refresher Course <input type="checkbox"/> Add Bus Training	<b>Notes:</b> _____ _____ _____ _____ _____ _____ _____ _____ _____
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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:** \_\_\_\_\_

**COUNTY OF RESIDENCE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

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

**LICENSE #:** \_\_\_\_\_ **TYPE:** \_\_\_\_\_ **STATE WHERE LICENSED:** \_\_\_\_\_

**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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

If yes, please explain \_\_\_\_\_

Have you been involved in more than 1 accident in the past 5 years? YES NO

If yes, please explain \_\_\_\_\_

Have you been convicted of any major violations in the last 5 years? YES NO

If yes, please explain \_\_\_\_\_

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

If yes, please explain \_\_\_\_\_

Has your driver's license been suspended or revoked in any state in the last 5 years? YES NO

If yes, please explain \_\_\_\_\_

Do you have any outstanding fines or debts for traffic violations? YES NO

If yes, please explain \_\_\_\_\_

Have you ever had high-risk insurance? YES NO

If yes, please explain \_\_\_\_\_

Do you have any difficulty reading, writing, or understanding English? YES NO

If yes, please explain \_\_\_\_\_

Have you ever driven a straight truck? How long? \_\_\_\_\_ YES NO

If yes, please explain \_\_\_\_\_

Have you ever driven a tractor-trailer? How long? \_\_\_\_\_ YES NO

If yes, please explain \_\_\_\_\_

Will it be difficult for you to provide your 10 year work history? YES NO

If yes, please explain \_\_\_\_\_

Have you ever been convicted of a felony? YES NO  
If yes, please explain \_\_\_\_\_

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: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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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 Shawn Faust, Placement Director Toll free at 1-866-932-3436 Ext. 224.

**REFERENCES**

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

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Phone No.: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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Phone No.: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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