

APPLICANT QUESTIONNAIRE FOR TRUCK DRIVING APPLICANTS

NAME: _____

PLEASE COMPLETE THE FOLLOWING:

1. Have you ever driven a Truck Tractor? Yes No
2. Have you ever driven a Truck Tractor Combination? Yes No
If so, what type of equipment? _____
For how long? _____
3. Do you now possess a current Driver's License? Yes No
4. Do you now possess a current Class A CDL? Yes No
5. What are your plans for seeking employment upon completion of this course? (Check all that apply)
 I have a job offer
 I have a letter of intent from a company
 I do not have a job offer at this time
6. What are your goals within the trucking industry? _____
7. Are you presently employed? Yes No If so, with whom? _____
8. How many traffic violations have you received within the past 3 years? _____
What type of violations? _____
9. How many accidents have you had within the past 5 years? _____
10. Do you have a high school diploma? Yes No If not, do you have a GED? Yes No
11. Do you have any disabilities that would affect you in the performance of your duties as a Truck Driver? Yes No
If so, please explain: _____
12. Are you presently taking prescription medicine? Yes No
If so, please explain: _____
13. Are you presently receiving workman compensation: Yes No
If so, please explain: _____
14. Have you ever been **convicted** of a felony? Yes No