



Application for CDL/Heavy Truck Enrollment

Date: \_\_\_\_\_ Phone # ( \_\_\_\_\_ )  
\_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ Cell Phone# ( \_\_\_\_\_ ) \_\_\_\_\_

Name                      First                      Middle                      Last

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Date of Birth: \_\_\_\_\_ Social Security  
# \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State  
\_\_\_\_\_ ZIP \_\_\_\_\_

E mail Address: \_\_\_\_\_

Martial Status: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_ # of Dependants \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Exp.Date \_\_\_\_\_

Have you served in the US Armed Forces \_\_\_\_\_ Branch \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

What is the highest level of education you have attained? \_\_\_\_\_

What appeals to you about trucking? \_\_\_\_\_

\_\_\_\_\_

How will you be paying for the course? \_\_\_\_\_

If accepted, when would you be to begin the program? \_\_\_\_\_

Are you interested in long, regional, or local haul: \_\_\_\_\_

Do you have a driving job lined up, with whom? \_\_\_\_\_

Are you a US Citizenship Status: \_\_\_\_\_

Resident Alien Date of Arrival \_\_\_/\_\_\_/\_\_\_

#### Character Reference

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### Character Reference

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employment History

Current Employer: \_\_\_\_\_

Dates of Employment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Position: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Dates of Employment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Dates of Employment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Dates of Employment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Dates of Employment \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you had:

- Any moving violations in the last 5 years (yes) (no)
- Any accidents in the last 5 years (yes) (no)
- DWI/ DUI/ DWAI (yes) (no)
- Had a license suspended or revoked (yes) (no)
- Do you have any felony or misdemeanor convictions? (yes) (no)

If you answered YES to any of the above please explain here:

\_\_\_\_\_  
\_\_\_\_\_

Required Medical History Information

1. Do you have at least 20/40 vision or better (with corrective lenses)	Y	N
2. Do you have any hearing loss?	Y	N
3. Are you color blind?	Y	N
4. Do you have heart trouble?	Y	N
5. Do you have fainting or dizzy spells?	Y	N
6. Do you have Epilepsy?	Y	N
7. Do you have Diabetes?	Y	N
8. Do you take medication?	Y	N

If you answered YES to any of the above aside from question 1 please elaborate:

\_\_\_\_\_  
\_\_\_\_\_

Thank you for your interest in the Canandaigua Driving School! Please sign below to certify that the information you have provided is factual to the best of your knowledge. You also certify that you are Drug Free. You authorize Canandaigua Driving School to perform a background check

including a credit history if necessary and release Canandaigua Driving School and any persons providing information from all liability relating to the gathering or furnishing of information

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_