

Truck School Student Application

First Name		Middle	e Name	Last Name						
Street Address		•	ity	State	Zip Code					
Street Address		C	пу	State	Lip Code					
Home Phone		Cell I	Phone	Email Address						
Driver License Number	State of Iss	suance	Date of Birth	Social Security Num	ber					
Emergency Contact		Relati	onship	Emergency Contact Ph	none #					
3 3				3 3						
How did you hear Internet about us?		ord of uth	□ Company □	□ MI Works □ Other						
about us:	1410	utii	Referrar							
Please answer the following questions honestly.										
<u>Do You Have:</u> ► High School diploma or GED?	<u>Yes</u> □	<u>No</u> □		You Have t (20/40 or better)?	<u>Yes</u> □	<u>No</u>				
► Careless/Reckless driving charges			► Color blindnes	s?						
in the last 3 years? ▶ Moving Violations in the last 3			► Good Hearing	?						
years? Any at-fault crashes in the last 3			► Full use of you	ır hands, arms, and legs?						
years? Any tickets pending?			► High Blood Pre	essure?						
Any restrictions on your driver's license?			► Heart related p							
Any license suspensions in the last years?	3 □		► Fainting or diz	zy spells?						
Any alcohol or drug violations in the last 3 years?	: □		► Epilepsy?							
Have You EVER			▶ Diabetes?							
Had your driver's license suspende or revoked?	d □									
► Been convicted of a DWI or DUI? *				ations currently used fect your ability to drive:						
► Been convicted of a Misdemeanor?	* 🗆		willen may all							
► Been Convicted of a Felony? *										

I hereby certify that the above information is true to the best of my knowledge. It is understood that falsification of these or any other documents may result in denial of the application and forfeiture of any fees paid.

^{*} If you answered YES to any of these questions, you must complete a Conviction Form

Student Signature	Date:
Personal Information Release Sta	<u>tement</u>
I hereby give ABC Training and Testing, LLC permiss employers with any personal information required for employment as a truck driver.	
Print Name (Last, First, Middle)	_
Signature	Date



CONVICTION FORM

PLEASE PRINT CLEARLY!					
APPLICANT'S NAME:LAST	FIRCT	M.I.			
DAYTIME PHONE #: EVENING PHONE #:					
S.S.#					
CHARGE 1	CHARGE 2				
DATE OF ARREST://	DATE OF ARREST:/_	_/			
LOCATION:	LOCATION:				
DATE OF CONVICTION:/_/	DATE OF CONVICTION:				
CHARGE:	CHARGE:				
SENTENCE:	SENTENCE:				
TIME	TIME				
SERVED:	SERVED:				
DATES ON PROBATION OR PAROLE:	DATES ON PROBATION	OR PAROLE:			
ANY OTHER ARRESTS OR CONVICTIONS (EXPLAIN)					
ANY CHARGES PENDING NOW? (EXPLAIN)		and the second process of the second position			
ANY OTHER NAMES USED (MAIDEN, MARRIED, ETC)					
PLEASE DESCRIBE WHAT HAPPENED (ATTACH ADDITION	ial sheet if necessary):				
SIGNATURE OF APPLICANT:	DAT	E:			

CITY *W = Waive Prerequisite TUITION | JACKSON Advisor E-MAIL ADDRESS HOME PHONE ADDRESS MAILING FIRST NAME L = Late Enrollment P = Participating/ DO YOU HAVE FINANCIAL AID? *CODE I = Increase Capacity BY REGISTERING, I UNDERSTAND I AM RESPONSIBLE FOR PAYMENT. NON PAYMENT OR NON ATTENDANCE DOES NOT CONSTITUTE AN AUTOMATIC DROP, WITHDRAWAL OR REFUND Dropped in Error INSTRUCTORS USE ONLY SENIOR CITIZEN 65+ OUT OF STATE **J MICHIGAN** STUDENT S of information from their education records; and 3. seek to amend incorrect education records. JCC is FERPA compliant and only releases information to autho-Students have three primary rights under FERPA. They have the right to: 1. inspect and review their education records; 2. have some control over the disclosure without a "W", receive a refund, or utilize certain forms of financial aid. (See the Financial Aid Office for more details.) JCC catalog or go online at www.jccmi.edu. I assume full responsibility for the accuracy of the information on this form and am aware of my FERPA rights rized institutions. To not have your directory information released go to http://www.jccmi.edu/norelease. For more information on this policy please refer to the I understand and assume full responsibility that by adding a class after the add/drop period of this class, I will not have an opportunity to drop SIGNATURE STREET ADDRESS (REQUIRED FOR DETERMINING RESIDENCY) TRAIN FOR NEW JOB ☐ TRANSFER UNDECLARED ☐ PERSONAL INTEREST ☐ JCC DEGREE OR CERT. EDUCATIONAL GOAL: ADD DROP K ONE COURSE Associate of Science Associate of Arts Check for degree or certificate Associate in General Studies Associate of Applied Science Certificate NUMBER STATE NUMBER PROCESSED BY PROCESSED BY ☐ Other ZIPCODE MIDDLE Program of Study/Major COURSE TITLE WORK PHONE CELL/OTHER CONTACT (DATE OF BIRTH N Are you Hispanic or Latino? Yes ETHNICITY AUDIT CLASS Select one or more as appropriate: ☐ Native Hawaiian or other Pacific Islander American Indian or Alaska Native Black or African American P.O. BOX HOURS BILLING 2. Course: or Documentation Attached HOV-MIH: or Documentation Attached 1. Course: EQV-ENG 090: or Documentation Attached 1. Course: EQV-ENG 085: ARE YOU A U.S. CITIZEN OR PERMANENT RESIDENT? STUDENT ID NUMBER GENDER COURSE S C XX MEETING O _] White Asian Grade: Grade: Grade: Grade: Grade: Grade: DAYS 8 <u>_</u>

YEAR _____ FALL WINTER
PLEASE PRINT STUDENT INFORMATION BELOW

☐ SPRING/SUMMER

JACKSON COMMUNITY COLLEGE REGISTRATION ADD / DROP FORM