



**How did you hear about us?**    ☐ Internet    ☐ Word of Mouth    ☐ Company Referral    ☐ MI Works    ☐ Other

<u><b>Do You Have:</b></u>	<u><b>Yes</b></u>	<u><b>No</b></u>	<u><b>Do You Have</b></u>	<u><b>Yes</b></u>	<u><b>No</b></u>
▶ High School diploma or GED?	<input type="checkbox"/>	<input type="checkbox"/>	▶ Good Eyesight (20/40 or better)?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Careless/Reckless driving charges in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	▶ Color blindness?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Moving Violations in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	▶ Good Hearing?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Any at-fault crashes in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	▶ Full use of your hands, arms, and legs?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Any tickets pending?	<input type="checkbox"/>	<input type="checkbox"/>	▶ High Blood Pressure?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Any restrictions on your driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	▶ Heart related problems?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Any license suspensions in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	▶ Fainting or dizzy spells?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Any alcohol or drug violations in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	▶ Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
<u><b>Have You EVER</b></u>			▶ Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
▶ Had your driver's license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>			
▶ Been convicted of a DWI or DUI? *	<input type="checkbox"/>	<input type="checkbox"/>	▶ List any medications currently used which may affect your ability to drive:		
▶ Been convicted of a Misdemeanor? *	<input type="checkbox"/>	<input type="checkbox"/>			
▶ Been Convicted of a Felony? *	<input type="checkbox"/>	<input type="checkbox"/>			

1

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

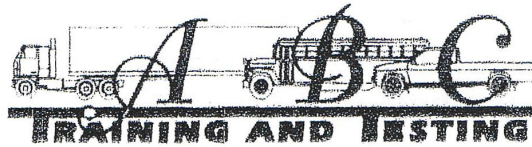
## Personal Information Release Statement

I hereby give ABC Training and Testing, LLC permission to provide prospective employers with any personal information required for the purpose of obtaining employment as a truck driver.

\_\_\_\_\_  
**Print Name (Last, First, Middle)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



## CONVICTION FORM

PLEASE PRINT CLEARLY!

APPLICANT'S NAME: \_\_\_\_\_  
LAST FIRST M.I.

DAYTIME PHONE #: \_\_\_\_\_ EVENING PHONE #: \_\_\_\_\_

SS.# \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CHARGE 1 \_\_\_\_\_ CHARGE 2 \_\_\_\_\_

DATE OF ARREST: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF ARREST: \_\_\_\_/\_\_\_\_/\_\_\_\_

LOCATION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE OF CONVICTION: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF CONVICTION: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHARGE: \_\_\_\_\_ CHARGE: \_\_\_\_\_

SENTENCE: \_\_\_\_\_ SENTENCE: \_\_\_\_\_

TIME SERVED: \_\_\_\_\_ TIME SERVED: \_\_\_\_\_

DATES ON PROBATION OR PAROLE: DATES ON PROBATION OR PAROLE:

\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

ANY OTHER ARRESTS OR CONVICTIONS (EXPLAIN) \_\_\_\_\_

ANY CHARGES PENDING NOW? (EXPLAIN) \_\_\_\_\_

ANY OTHER NAMES USED (MAIDEN, MARRIED, ETC) \_\_\_\_\_

PLEASE DESCRIBE WHAT HAPPENED (ATTACH ADDITIONAL SHEET IF NECESSARY): \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

