

APPLICATION FOR ADMISSION

THIS APPLICATION MUST BE COMPLETED IN FULL TO BE CONSIDERED FOR ADMISSION
(I understand that in completing this application, Coastal College, Inc./Coastal Truck Driving School is under no obligation to accept me, nor am I under any obligation to attend Coastal College, Inc./Coastal Truck Driving School)

Date _____ Social Security No. _____ Age _____ Birthdate _____

Sex: ☐ Male ☐ Female US Citizen: ☐ Yes ☐ No Email: _____

Race: _____ For Department of Labor tracking only – please use the following codes:

1) Asian/Pacific Islander 2) American Indian/Alaskan Native 3) Black, Non-Hispanic 4) Hispanic 5) All other American minorities
6) White, Non-Hispanic 7) Non-Resident Alien 8) Prefer not to say

Full Legal Name _____

Phone Number 1 _____ Phone Number 2 _____

Current Street Address _____

City _____ State _____ Zip _____ How long? _____

Previous Address (if current address is less than 3 years) _____

City _____ State _____ Zip _____ How long? _____

How did you hear about Coastal? Please write specific name next to item checked

☐ Former Student _____ ☐ Trucking Company _____

☐ Newspaper _____ ☐ TV Station _____ ☐ Program _____

☐ Internet _____ ☐ Other _____

How does your family feel about your decision to learn about the trucking industry? (check all that apply)

☐ Interested ☐ Cooperative ☐ Enthusiastic ☐ Not Interested

Why are you interested in becoming a professional truck driver? _____

How long have you been seriously considering becoming a truck driver? _____

What types of driving jobs would you be willing to accept? (check all that apply)

☐ Local ☐ Regional ☐ Over the road (long haul)

Could you accept employment within 2 weeks after completing training? ☐ Yes ☐ No

HEALTH

Date of last physical exam _____ Results _____

Physical defects? ☐ No ☐ Yes (describe) _____

Have you ever had back trouble? ☐ Yes ☐ No Do you have good hearing in both ears? ☐ Yes ☐ No

Do you have at least 20/20 vision (or correctable to 20/40) in both eyes? ☐ Yes ☐ No

Do you suffer from diabetes? ☐ Yes ☐ No Do you suffer from high blood pressure? ☐ Yes ☐ No

Are you currently taking any medications (prescribed or over the counter)? ☐ Yes ☐ No

If yes, list: _____

Do you have any concerns about passing a drug screen? ☐ Yes ☐ No

Do you know of anything that might prevent you from passing a physical? _____

DRIVING RECORD

What class driver's license do you hold? _____ License # and State _____

Have you ever held a driver's license in another state? ☐ No ☐ Yes (what state(s)) _____

Has your license ever been suspended, canceled or denied in any state? ☐ No ☐ Yes (why) _____

Have you ever been convicted of driving with a suspended or revoked license? ☐ No ☐ Yes

If yes, explain: _____

Have you ever been convicted of reckless or careless driving? ☐ No ☐ Yes

If yes, explain: _____

any moving violations, speeding tickets or accidents (regardless of fault) in the last _____ years? ☐ No ☐ Yes

If yes, explain: _____

Do you currently have any outstanding tickets in any state that you are aware of? ☐ No ☐ Yes

If yes, explain: _____

Do you have any pending charges? ☐ No ☐ Yes (explain) _____

Number of accidents/incidents in the last five (5) years _____

Number of convictions (tickets) in the last five (5) years _____

If any, explain: _____

*Have you ever been convicted of a D I D I? ☐ No ☐ Yes If yes, what year: _____

*Have you ever been convicted of a felony? ☐ No ☐ Yes If yes, what year: _____

(Answering Yes to the * questions does not automatically disqualify you for admission.)

EDUCATION AND MILITARY EXPERIENCE

Are you a high school graduate? ☐ Yes ☐ No Highest grade completed: _____

Have you ever attended another college, business, trade or technical school? _____

Did you serve in the military? ☐ No ☐ Yes If yes, what branch: _____

Rank at discharge _____ Served from _____ to _____

Were you discharged for any reason other than honorable discharge? ☐ No ☐ Yes

DOMESTIC SITUATION

☐ Single

☐ Married

☐ Divorced

☐ Separated

☐ Widowed

Spouse's name _____ Age _____ # of Children _____

Spouse's employer _____ How long? _____ Monthly wages _____

WORK HISTORY

Cover all positions for the last 5 years starting with the most recent. (Employers will not be contacted)

Present Employer _____

Address _____

How long employed? _____ Starting salary _____ Present salary _____

Why are you dissatisfied with your current job? _____

Number of different employers you have worked for in the past three (3) years? _____

Were you terminated from any jobs in the past three years? ☐ No ☐ Yes

If yes, explain: _____

Have you ever been told that you tested positive for drugs or alcohol? ☐ No ☐ Yes

If yes, explain: _____

Past employers 1) _____ How long? _____ Reason for leaving? _____

2) _____ How long? _____ Reason for leaving? _____

3) _____ How long? _____ Reason for leaving? _____

PRESENT FINANCIAL SITUATION

Do you: ☐ Own home ☐ Rent ☐ Live with relatives

How do you estimate your credit rating over the last three years? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

CRIMINAL RECORD

Do you have any charges currently pending? ☐ No ☐ Yes

Have you ever:

Been convicted of any criminal charges? ☐ No ☐ Yes

Been convicted of driving while under the influence of alcohol or drugs? ☐ No ☐ Yes

Been convicted for possession, sale, or use of a narcotic or drug? ☐ No ☐ Yes

Been convicted of a felony? ☐ No ☐ Yes

Been convicted of a misdemeanor? ☐ No ☐ Yes

Failed a controlled substance test? ☐ No ☐ Yes

If you answered yes to any of these questions, explain:

I, _____, certify by my signature that I have answered all questions truthfully.

Signature of Applicant

Date

RELEASE OF INFORMATION

I authorize Coastal College, Inc./Coastal Truck Driving School to obtain a Motor Vehicle Report as part of my application process.

If I am accepted for enrollment, I authorize Coastal College, Inc./Coastal Truck Driving School to forward information from this application and/or other school records to prospective employers. I hereby declare that all information I have provided is true in substance and in fact.

Signature of Applicant

Date