

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