

**Commercial Driver Training Application**

4722 Pacific Hwy, Bellingham, WA 98226 AND 3421 60th PL NE, MARYSVILLE, WA 98271

Ph: 360/318-7617 email alfred@pegasuscorp.us**PERSONAL INFORMATION**

Date _____ Social Security No. _____

Name _____	Date of Birth _____ / _____ / _____
Last First Middle	(Required for Commercial Drivers)

Current Address _____	Phone Number _____
Street City State Zip	

List your addresses of residency for the past 3 years.

Previous Addresses

Street _____	City _____	State _____	Zip _____
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EMPLOYMENT HISTORY: All driver applicants to drive intrastate commerce must provide the following information on all employers during the preceding 3 years, and all commercial driving experience for the past ten (10) years.

List complete mailing address, street number, city, state and zip code.

(NOTE: List employers in reverse order with the most recent. Add another sheet as necessary.)

Employer	Telephone Number ()	From (Mo./Yr.)	To (Mo./Yr.)
Address			Hours Per Week
Specific Duties			
Reason for Leaving			Your Title
			Contact Person
Were you subject to the FMCSRs while employed here? _____ Yes _____ No			
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No			
Employer	Telephone Number ()	From (Mo./Yr.)	To (Mo./Yr.)
Address			Hours Per Week
Specific Duties			
Reason for Leaving			Your Title
			Contact Person
Were you subject to the FMCSRs while employed here? _____ Yes _____ No			
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No			

ADD ADDITIONAL SHEET IF NEEDED FOR MORE INFORMATION:

ACCIDENT RECORD

For the past 3 years or more (attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Last Accident:			

add Additional sheets if needed

TRAFFIC CONVICTIONS AND FORFEITURES

For the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

Add additional sheets if needed

DRIVER LICENSES

State	License Number	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
Has any license, permit or privilege ever been suspended or revoked?	Yes	No

If the answer to A or B is Yes, attach a statement giving details.**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank Flat, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
N/A	N/A	N/A		N/A

The Workforce Board (The state agency that regulates this school) requires that we ask you for this information, by law (RCW 28C.10.050). Providing your SS number is voluntary. By law, the information you provide on this form cannot be given out by any state agency as public information. The Workforce Board will not disclose data to anyone except authorized Workforce Board employees or contractors working on specific research activities, who follow strict confidentiality procedures. This format follows the information required to be submitted by the school as part of the annual student data report:

Please Circle ONLY one:

White/Caucasian
 Black/African American
 American Indian or Alaska Native
 Hawaiian Native or other Pacific Islander
 Asian
 Multiracial
 Other

Please Circle only one each: Please Circle ONLY one:

Are you Hispanic in Origin Yes / No

Are you disabled? Yes / No

Military Veteran? Yes / No

Sex: Male / Female

Highest Grade completed:

Less than High School graduation

High School Graduate

GED

Some Post High School (no degree or certificate

Certificate (Less than 2 years)

Associates Degree

Bachelor's Degree

Master's Degree or higher

AUTHORIZATION

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge

Signature

Date

