

**NORTHEAST OHIO TRUCK DRIVER TRAINING, LLC**

11818 MAHONING AVENUE • NORTH JACKSON, OH 44451

(330)538-7108

**APPLICATION FORM**

Complete the application form below to register today.

**Apply for Truck Driver Training: Date:** Click or tap to enter a date.

Class A [ ]

 Class B [ ]

Name:

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

First Middle Last

Date of Birth:Click or tap to enter a date.Weight: Click or tap here to enter text. Height:Click or tap here to enter text.

Current Address:

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Street State Zip

Previous Address:

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Street State Zip

Home Phone Click or tap here to enter text. Cell Phone Click or tap here to enter text.

Email: Click or tap here to enter text. Emergency Contact: Click or tap here to enter text.

How did you “First” hear about NEO Truck Driver Training?

Click or tap here to enter text.

What prompted you to call NEOTDT? Click or tap here to enter text.

PERSONAL INFORMATION

As of today, are you:

Single [ ]  Married [ ]

Number of children in your household Click or tap here to enter text. Ages: Click or tap here to enter text.

Do you have a checking account? Yes [ ]  No [ ]

Do you have a savings account? Yes [ ]  No [ ]

What yearly income are you expecting to earn in your new career? Click or tap here to enter text.

Driver’s License Information

Have you had a valid driver’s license for the last 12 months? Yes [ ]  No [ ]

License Number State Class Endorsements

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Expiration Date: Click or tap to enter a date.

List ANY violations in the past 5 years:

Click or tap here to enter text.

Have your license ever been suspended? Yes [ ]  No [ ]

Have you had one or more DUI’s and/or Reckless Operation? Yes [ ]  No [ ]

Have you EVER held a driver’s license in another state and/or country? Yes [ ]  No [ ]

EDUCATIONAL INFORMATION

Do you have a High School diploma? Yes [ ]  No [ ]  If yes, what year did you receive it and in what State?

 Click or tap here to enter text. Highest grade completed: Click or tap here to enter text.

College: Click or tap here to enter text. Last Date Attended: Click or tap to enter a date.

Name and Address of High School Attended: Click or tap here to enter text.

What school(s) have you attended since high school? Click or tap here to enter text.

Have you ever had a student loan? Yes [ ]  No [ ]

MILITARY INFORMATION

What branch did you serve? Click or tap here to enter text. Status: Active [ ]  Reserves [ ]

Type of discharge: Click or tap here to enter text. If discharge other than honorable, please explain:

Click or tap here to enter text.

Can you provide a copy of your DD214? Yes [ ]  No [ ]

Dates Served from Click or tap to enter a date. To Click or tap to enter a date.

CRIMINAL HISTORY

Have you ever been convicted of a Felony? Yes [ ]  No [ ]  Click or tap here to enter text.

Have you ever been convicted of a misdemeanor? Yes [ ]  No [ ]  Click or tap here to enter text.

Do currently have any pending charges? Yes [ ]  No [ ]  Click or tap here to enter text.

PERSONAL HEALTH

Have you ever failed a Drug test or used illegal substance? Yes [ ]  No [ ]

Can you pass a Drug test? Yes [ ]  No [ ]

Have you ever been in drug or alcohol rehabilitation? Yes [ ]  No [ ]

Are you currently on any medications? Yes [ ]  No [ ]

Do you have any physical limitations? Yes [ ]  No [ ]

Have you ever been refused employment due to your health? Yes [ ]  No [ ]

Have you ever been injured on the job? Yes [ ]  No [ ]

Have you ever been or are you currently on worker’s compensation and/or SSI? Yes [ ]  No [ ]

Have you ever filed a lawsuit against a company for whom you have worked? Yes [ ]  No [ ]

Do you presently have an open worker’s compensation case? Yes [ ]  No [ ]

Please list any and all surgeries or hospitalizations, by year, you have had: Click or tap here to enter text.

Do you have a history of the following:

Less than 20/40 vision or any other vision problems? Yes [ ]  No [ ]

Color blindness? Yes [ ]  No [ ]

PERSONAL HEALTH Continued

Back problems? Yes [ ]  No [ ]

Shoulder, elbow, wrist or other arm problems? Yes [ ]  No [ ]

Epilepsy, seizures, fainting or dizzy spells? Yes [ ]  No [ ]

Sleeping disorder or sleep apnea? Yes [ ]  No [ ]

Hernia? Yes [ ]  No [ ]

Hearing impairment? Yes [ ]  No [ ]

Heart trouble and/or high blood pressure? Yes [ ]  No [ ]

Head or spinal injuries? Yes [ ]  No [ ]

Emotional or nervous problems? Yes [ ]  No [ ]

Stomach Ulcers or acid reflux issues? Yes [ ]  No [ ]

Diabetes? Yes [ ]  No [ ]

Explain any questions answered “YES” from previous.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

EMPLOYMENT INFORMATION

Current / Last Employer : Click or tap here to enter text.

Dates of employment, Month / Year to Month / Year: Click or tap here to enter text.

Address:Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

Previous Employer: Click or tap here to enter text.

Dates of employment, Month / Year to Month / Year: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

Previous Employer: Click or tap here to enter text.

Dates of employment, Month / Year to Month / Year: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

By checking\*

[ ]  I AGREE – I UNDERSTAND BY COMPLETING THIS APPLICATION, NEO TRUCK DRIVER TRAINING, LLC (NEOTDT) IS UNDER NO OBLIGATION TO ACCEPT ME, NOR AM I UNDER OBLIGATION TO NEOTDT. I HEREBY AUTHORIZE NEO TDT TO RESEARCH MY EMPLOYMENT, EDUCATIONAL, CREDIT, MEDICAL, MILITARY, CRIMINAL AND DRIVING HISTORY AND MAINTAIN A PERMANENT STUDENT RECORD. THE CONTENTS OF WHICH MAY BE MADE AVAILABLE AT THE DISCRETION OF NEOTDT TO PROSPECTIVE EMPLOYERS OR GOVERNMENTAL AGENCIES. IT IS ALSO AGREED AND UNDERSTOOD THAT THE ANSWERS TO THE FOREGOING QUESTIONS HAVE BEEN SUPPLIED BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT MY MISREPRESENTATION OF INFORMATION GIVEN ABOVE SHALL BE CONSIDERED AN ACT OF DISHONESTY.

SIGNATURE Click or tap here to enter text. DATE Click or tap to enter a date.