



AMERICAN CAREER TRAINING

8530 Commercial Way
Redding, CA 96002
(888) 700-5693 / FAX (530) 223-1086
Americancareertraining@yahoo.com

Pre-Application for Student Training

All information given on this application is confidential and must be true and accurate. This information must be verifiable for student to be accepted for enrollment.

PLEASE PRINT CLEARLY

Last Name _____ First Name _____ M.I. _____

Address _____
City State Zip Phone

How long at above address _____

Previous Address _____

Social Security # _____ - _____ - _____ Drivers Lic. # _____ State _____

Date of Birth _____ - _____ - _____ Current age _____

Last job of 6 months or more: Company _____

Phone number (_____) _____ - _____

Mandatory Emergency Contact Person

Name _____

Relationship _____

Address _____

Phone number (_____) _____ - _____

By signing this pre-application, you authorize American Career Training to verify the above information.

Signature _____ Date _____



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Pre-Application Questionnaire

Answers to the following questions will assist us in areas we need to discuss concerning your future as a professional driver.

PLACE AN "X" OR CHECK MARK FOR THE APPROPRIATE ANSWER

SECTION A:	YES	NO
Can you read, write and speak the English language?		
Are you over 21 years of age?		
Are you married?		
Can you provide a High School diploma/GED?		
Do you have children?		
Are you a citizen of the United States?		
Do you have a current and valid California Drivers License?		

SECTION B:	YES	NO
Have you had any traffic citations in the last 3 years?		
Have you had any accidents in the last 3 years?		
Has your drivers' license ever been suspended or revoked?		
Have you ever had a DWI or DUI? If yes, When: Month: Year:		
Have you ever been arrested for any narcotic charges?		
Do you have any felonies or misdemeanors?		
Have you ever held a commercial license?		
Do you have any physical or mental disabilities at this time?		
Are you currently on any medications?		
Do you wear any hearing apparatus?		
Do you have any eyesight impairments or colorblindness?		
Have you physically lost any part of your body?		
Are you presently employed?		
Is there a reason you can not verify you're past employment history for ten years?		
Have you ever been fired from a past employer?		
Have you ever been injured on the job or received workers comp.?		
Is there any reason you cannot be away from home for extended periods – 3 to 4 weeks?		
Have you ever been on Probation or Parole?		

Please give an explanation to each item you answered yes to in SECTION B:



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I certify that I have answered the above questions truthfully and to the best of my knowledge.

Name (Please print) _____

Signature _____ Date _____