



Tolliver Truck Driving Academy LLC

2319 Hwy 65/82
 Lake Village, AR 71653
 870 -632-7453

7:00 AM – 5:30 PM
tollivertruckdrivingacademy@gmail.com

1. Personal Information

First Name	Middle	Last Name	Date of Birth
Address			Phone Number
City	State		DL Number
Email Address			State of Insurance

2. Driving History

- Have you ever had any tickets or accidents in the past 5 years? (Yes/No) ○
 If yes, please list the date, type of violation, and outcome:
- Do you currently have a valid commercial driver’s license (CDL)? (Yes/No)
- Have you ever had your driver’s license suspended or revoked? (Yes/No) ○
 ○ If yes, please provide details:

3. Education/Work History

- High School Diploma/GED (Yes/No)

High School	Date Attended
City	State

Previous Employment:

Company Name	Date Employed
Position	
Reason for Leaving	

4. How Will You Pay for School?

- Please select your payment method:
 - Self-pay
 - Scholarships/Grants
 - Scholarship from Employer
 - Financing Options
 - Other
- If other, please explain:

5. Health and Physical Requirements

- Are you able to pass a DOT (Department of Transportation) physical examination? (Yes/No)
- Do you have any health conditions that may affect your ability to drive? (Yes/No) ◦ If yes, please explain:

6. Availability

- When are you available to start the program?
 - Immediate / Next 30 days / Next 60 days

7. References

Name, Relationship	Contact Information
Name, Relationship	Contact Information
Name, Relationship	Contact Information
Name, Relationship	Contact Information