

Qualification application

Name: _____ Date of interview: _____

Course of interest: A B Bus Refreshment _____ hrs. Representative: _____

Expected Class start date: _____

Profile and Interest Evaluation

What led to this interview? Referral by? _____

Advertising: What Kind? Newspaper T.V. Internet Radio Walk-in Truck/Bus passing

A. (Please print) Personal History

Current address: _____

How long at this address? _____

Telephone #: _____

Cell Phone #: _____

Email: _____

Military Experience? Yes: ___ No: ___ Rank _____

Date of discharge _____ or N/A: _____

How long did you serve? _____

Type of discharge: _____

Emergency Contact Information:

Name: _____.

Relationship: _____.

Telephone Number: _____.

Age: _____ Birthdate: _____

Note: The school needs a copy of your Driver's license and Social Security Card.

Are you a U.S. Citizen? Yes No

B. Physical History

The following Questions relate to the Federal Department of Transportation's required Physical Examination

1. Do you have any uncorrectable vision problems (worse than 20/20 in either eye)? Yes No

2. Do you have a history of epilepsy? Yes No

3. Are you or have you ever been diabetic? Yes No

If yes, how is it controlled? _____

4. Do you have a history of high blood pressure? Yes No

5. Do you have any restricted use or permanent handicap of either arm or leg? Yes No

6. Do you have difficulty distinguishing between the colors red, green, and yellow? Yes No

7. Have you ever received workers compensation? Yes No

If yes, Explain injury(s) _____

Are you currently under a doctor's care for this (these) injury(ies)? Yes No

Do you have a doctor's release for this (these) injury(ies)? Yes No

8. Have you been prescribed or taken any prescription medication in the past 5 years? Yes No

If yes, list medicines _____

Reason prescribed _____

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Date	Location (state)	Charge	Penalty

1. Have you even had a driver's license in any other states? Yes No
If yes, list the state(s):_____ Do you still have the license? Yes No N/A
2. Have you ever tested positive or refused a drug or alcohol test? Yes No
If yes, explain:_____
3. Have you ever been refused any type of insurance or bonding? Yes No
If yes, explain:_____
4. Have any of your licenses, permits, or privileges ever been suspended or revoked? Yes No
If yes, explain:_____
5. Have you ever been arrested, charged, or convicted of a felony or have any felony charges pending? Yes No
If yes, explain:_____
- Conviction Date:_____ Completion Date:_____
6. Have you ever been arrested, charged, or convicted of use, sale, or possession of a narcotic drug? Yes No
If yes, explain:_____
- Conviction Date:_____ Completion Date:_____
7. Have you ever been arrested, charged, or convicted of a misdemeanor or have any misdemeanor charges pending? Yes No
If yes, explain:_____
- _____
- Conviction Date:_____ Completion Date:_____
8. Have you ever been arrested, charged, or convicted of driving under the influence of alcohol, marijuana, or any related charges? Yes No
If yes, explain:_____
- Conviction Date:_____ Completion Date:_____

I clearly understand that a Yes answer to any of the above questions may limit or prohibit me from obtaining employment.

Initial here to verify statement above:_____

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D. Job Placement Assistance

Dolphin Trucking School provides job placement assistance upon completion of the training course. We do not charge either the employer or graduate for the service, to ensure our graduates are free to choose the best company for them. Note that we cannot guarantee that you will find employment, nor are we under any legal obligation to do so. Among other qualifications, your license type, endorsements attained, and conduct at the school will be measured to find the job that is suited for you.

1. I understand that the school does offer Job placement assistance, and that in order to receive assistance, I must provide a current H-6 printout from the DMV. **Initial:** _____

2. I understand that, more than likely, recent commercial driver's license graduates will drive out-of-state.

Initial here: _____

3. I understand that the school may or may not have local jobs available, but most of the time they are reserved for drivers with more experience: **Initial here:** _____

4. I understand that the school is required to provide completion and placement information to the BPPE; therefore, I must provide the employer work information to the school once I have obtained employment: **Initial here:** _____
Please note that we will not provide your personal information to the public, the data you provide will simply be provided as numbers and percentages.

E. Education

Are you a high school or GED graduate? Yes No

Circle the highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Where did you attend high school? _____

Have you previously attended a college, business school, trade and technical school, or any post-secondary school?

Yes No If yes, complete the following:

1. Name of school _____ City/State: _____

Date of attendance: From: _____ To: _____

2. Why did you stop? _____

Do you have any serious difficulty reading or writing the English language? Yes No

What is your preferred language? _____

I understand that the DMV Skills Performance Test can only be taken in the English language; I also understand that although written exams may currently be taken in Spanish or English, the DMV may change the test to English only:

Initial here: _____

F. Ambition and Motivation analysis

1. How long have you been thinking about becoming a commercial driver? _____

2. What are your reasons for wanting this training? _____

3. Do you have the ability to accept professional constructive direction? Yes No

4. Do you usually finish things that are important and meaningful to you? Yes No

5. If this school can provide the way, through its unique method of teaching, will you provide the determination? Yes No

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6. Is there anything more about yourself you should tell the school?

Yes No

If yes, explain: _____

G: Review & Schedule

If you were accepted by the school, would you commit to completing your training program?

Yes No

Would you devote the time necessary to meet your goal?

Yes No

Can we count on this every day?

Yes No

Do you agree to miss no more than three class days during your training?

Yes No

Do you agree to contact the school to excuse any absence?

Yes No

Do you agree to attend classes only on approved training days and times?

Yes No

Do you agree to receive text messages for information like DMV appointment and class schedules?

Yes No

Preferred Schedule*: Monday – Friday: 6am – 10am 10:30pm-2:30pm 3:00pm-7:00pm 7:30-11:30pm
Saturday 8:00am-1:00pm

***Your schedule will not be approved unless a representative signs below.**

If you have any other questions regarding your career-training program, please ask the school representative.

H: Note to all students: Under the Civil Rights Act of 1964. The Federal Government requires that we report certain information on the racial/ethnic origins of all our students. Please check one category that best suits your racial//ethnic background. This information will not be made available to potential employers, nor will it be used to determine your school acceptance.

Asian _____
Black; not of Hispanic origin _____
Hispanic _____

American Indian or Alaskan Native _____
White; Not of Hispanic Origin _____
I do not wish to state my background _____

I UNDERSTAND THAT IN COMPLETING THIS EVALUATION, THE SCHOOL IS UNDER NO OBLIGATION TO ACCEPT ME, NOR AM I UNDER THE OBLIGATION TO THE SCHOOL.

It is agreed and understood that the answers to the forgoing questions have been supplied by me and are true and is correct to the best of my knowledge, and that any misrepresentation of information given above shall be considered an act of dishonesty.

Date: _____

Signature of applicant: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

I have interviewed this applicant, and have reviewed his or her qualifications I do _____ I do not _____
recommend s(he) be considered for acceptance by the school.

Remarks: _____

Reviewed by: _____ (School Representative)