

HR Career Development

STUDENT APPLICATION

THE APPLICANT MUST COMPLETE THIS APPLICATION IN THEIR OWN HANDWRITING
EVERY SPACE MUST BE FILLED IN

PERSONAL HISTORY

Name _____
 (As It Appears On Driver's License)
 Street _____
 City _____ State _____ Zip _____
 If Less Than Three Years, Previous Address _____
 Sex _____ Age _____ Date of Birth _____ Social Security # _____
 Home Phone () _____ Alternate Phone () _____
 Marital Status: Married _____ Single _____
 Are You A Veteran? Yes _____ No _____
 In Case of Emergency Notify _____ Relationship _____
 Phone () _____

DRIVING RECORD

(attach sheet if more space is needed)

Driver's License # _____ State _____ Type _____ Expiration Date _____

DRIVING RECORD				MEDICAL HISTORY			
DO YOU HAVE:	YES	NO		DO YOU HAVE:	YES	NO	
Careless/Reckless Driving charges in last 3 years	[]	[]		Good eyesight	[]	[]	
Moving violations in last 3 years	[]	[]		20/40 or better	[]	[]	
Accidents last 3 years	[]	[]		Good hearing	[]	[]	
Tickets pending	[]	[]		Full use of your hands, arms and legs	[]	[]	
Any restrictions on your drivers license	[]	[]		High blood pressure	[]	[]	
Any alcohol or drug violations last 3 years	[]	[]		Heart trouble	[]	[]	
HAVE YOU EVER:				Color blindness	[]	[]	
Had your driver's license suspended	[]	[]		Fainting or dizzy spells	[]	[]	
Been convicted of DWI or DUI	[]	[]		Epilepsy	[]	[]	
Had a misdemeanor or felony conviction	[]	[]		Diabetes	[]	[]	
Please explain any of the violations above.	[]	[]		Identify any medications currently used which may affect your ability to drive: _____	[]	[]	
_____				_____			
_____				_____			
_____				_____			

EDUCATION

Do You Have A High School Diploma, GED Or Its Equivalency? Yes _____ No _____

IF YES AND IF IT IS AVAILABLE, PLEASE SUPPLY A COPY OF IT TO THE SCHOOL

EMPLOYMENT FOR PAST 3 YEARS
(attach sheet if more space is needed)

Current Employer's Name: _____
 Address _____
 Position Held _____ From _____ To _____ Salary _____
 Reason For Leaving _____

Second Last Employer Name: _____
 Address _____
 Position Held _____ From _____ To _____ Salary _____
 Reason For Leaving _____

Third Last Employer Name: _____
 Address _____
 Position Held _____ From _____ To _____ Salary _____
 Reason For Leaving _____

OCCUPATIONAL INTERESTS

1. Why are you considering changing careers? _____
2. Why are you dissatisfied with your present employment status? _____
3. What appeals to you about a career in trucking? Travel ___ Independence ___ Freedom ___ Other ___
4. How long have you been considering a career in trucking? _____
5. How did you hear of HRCD? TV ___ Newspaper ___ Poster ___ Brochure ___ Friend ___ Other ___

It is agreed and understood that HRCD will not accept responsibility for any misrepresentations of information furnished by the applicant. It is agreed and understood that HRCD or its agents may investigate my background to ascertain any and all information of concern to my record, and I release HRCD and person named herein from all liability for any damages on account of furnishing such information. I also authorize HRCD to obtain information regarding my records from the Bureau of Motor Vehicles.

Date

Signature

DO NOT WRITE BELOW THIS SPACE

INTERVIEWER'S RECOMMENDATIONS:

Do you recommend this applicant for further consideration? Yes ___ No ___

If no, please explain _____

	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Full-Time _____	Appearance _____	_____	_____
Part-Time _____	Attitude _____	_____	_____
Class Date _____	Responsible _____	_____	_____
Housing _____			

Comments _____

Date

Interviewer's Signature