

HR Career Development

Student Application

How did you hear about HRCD?
TV__ Newspaper__ Poster__ Brochure__ Friend__ Other__

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 _____
Date of Birth _____ How long? _____
Are you a legal resident of the United States? Yes [] No []
Home Phone () _____ Alternate Phone () _____
Cell Phone () _____ Email Address _____
Driver's License # _____
State Issued _____ Class _____ Expiration Date _____
Social Security # _____ H.S. Diploma or GED: Yes [] No []

Driving Record

DO YOU HAVE:

Careless/Reckless violation in last 5 years	[]	[]
Moving violations in last 5 years	[]	[]
Accidents in last 5 years	[]	[]
Tickets pending	[]	[]
Any restrictions on your driver's license	[]	[]

HAVE YOU EVER:

Had any alcohol or drug violations	[]	[]
Had your driver's license suspended	[]	[]
Been convicted of any alcohol driving offense	[]	[]

Please explain any "yes" answers with dates and details:

Medical History

DO YOU HAVE:

Monocular vision	[]	[]
20/40 or better eyesight	[]	[]
Good hearing	[]	[]
Full use of hands, arms and legs	[]	[]
High blood pressure	[]	[]
Heart trouble	[]	[]
Color blindness	[]	[]
Fainting, dizzy spells or seizures	[]	[]
Diabetes	[]	[]
Epilepsy	[]	[]

Identify any medications currently used which may affect your ability to drive: _____

EMPLOYMENT (AND UNEMPLOYMENT) FOR PAST 10 YEARS

(use another page if necessary)

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 _____

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

Arrest and Conviction Form

Printed Name (as it appears on your driver's license): _____

Please complete the following questionnaire in its entirety.

Type of arrest:

Felony: Yes No

Misdemeanor: Yes No

Alcohol Driving Offense: Yes No

Date ____/____/____

Date ____/____/____

Date ____/____/____

Felony / Misdemeanor:

Charge 1: _____

City / State: _____

Sentence: _____

Felony Misdemeanor

Parole / Probation from ____/____/____ to ____/____/____

Charge 2: _____

City / State: _____

Sentence: _____

Felony Misdemeanor

Parole / Probation from ____/____/____ to ____/____/____

Alcohol Related Driving Offense:

Charge 1: _____

Accident Yes No

Sentence: _____

Suspension from ____/____/____ to ____/____/____

Charge 2: _____

Accident Yes No

Sentence: _____

Suspension from ____/____/____ to ____/____/____

Serious Driving Violation:

Speed of 15 mph or over

Date: ____/____/____

Careless/ Reckless Driving

Date: ____/____/____

Leaving the Scene of an accident

Date: ____/____/____

Check only one:

I have never been convicted of a crime, nor have I ever had a serious driving violation

I acknowledge that there is derogatory information in my past that may prevent me from obtaining employment in the trucking industry. I further understand that HR Career Development Truck Driver Training Academy will be **unable** to offer any type of job placement assistance.

Signature: _____ Date ____/____/____