



TDA Educational Systems, Inc. Application for Training

5711 Florin-Perkins Rd. , Suite A, Sacramento, CA 95828

Date of Application: _____

Name _____ Social Security No. _____

Present Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

CAREER GOALS The purpose of this section of the application is to assist you in reaching your career goals. Please answer all questions completely and honestly so we can find the best fit for you.

Are you interested in working a driving job that takes you away from home overnight? No _____ Yes _____ Maybe _____

What is the maximum time you are able to be away from home? _____

Are there any areas of the country you will not travel to? No _____ Yes _____ List _____

Have you attended any other "Truck Driver Training Programs"? No _____ Yes _____ When _____

Name of School or Trucking Company _____ Location _____

Did you complete the program? No _____ Yes _____ Did you obtain a class A license through that program? No _____ Yes _____

DOT REGULATION COMPLIANCE The purpose of this section is to determine if you qualify for the State of California Commercial Driver License (CDL) and/or meet the Federal Regulations for the CDL.

Do you have correctable vision to 20/20? Yes _____ No _____

Do you wear a hearing aid? Yes _____ No _____

Are you color blind? Yes _____ No _____

Do you have a history of loss consciousness? Yes _____ No _____

Do you have diabetes? Yes _____ No _____ Insulin dependent? Yes _____ No _____ Controlled with pill? Yes _____ No _____

Do you have a loss of any limbs or digits? Yes _____ No _____

Currently taking any medications? Yes _____ No _____

DRIVING RECORD Each trucking company will have its own hiring restrictions dependent upon the driving history. This section will help us to determine if you qualify for over the road jobs or a job in the local market. Please attach a recent, complete 10 year (H-6) printout.

Do you have....

Any moving violations in the last 5 years? Yes _____ No _____ How many? _____ Dates _____

Any at fault accidents in the last 5 years? Yes _____ No _____ How many? _____ Dates _____

Any no-fault accidents in the last 5 years? Yes _____ No _____ How many? _____ Dates _____

Have you

ever been stopped while intoxicated? Yes _____ No _____ How many? _____ Dates _____

ever been convicted of driving under the influence? Yes _____ No _____ How many? _____ Dates _____

ever been convicted of careless or reckless driving? Yes _____ No _____ How many? _____ Dates _____

ever been denied a license, permit or privilege to drive? Yes _____ No _____ How many? _____ Dates _____

ever had any license or permit suspended or revoked? Yes _____ No _____ How many? _____ Dates _____

CRIMINAL HISTORY Most trucking companies that deliver to others states and Canada must be made aware of all past misdemeanor and felony offenses. A yes answer will not necessarily disqualify you from employment with OTR companies and will not disqualify you from attending school, but will assist us placing you in the appropriate program.

Have you **ever** used any illegal drugs (including marijuana)? Yes _____ No _____ Date last used _____

Have you **ever** been convicted for possession of, sale, or use of narcotic drug, amphetamine, or a derivative thereof? Yes _____ No _____
Dates and circumstances _____

Have you **ever** been convicted of a felony? Yes _____ No _____ Dates and circumstances _____

Have you **ever** been convicted of a misdemeanor? Yes _____ No _____ Dates and circumstances _____

During the last 3 years, have you **ever** tested positive for a controlled substance or alcohol or refused to be tested on any pre-employment controlled substance or alcohol test as required by C.F.R. Section 382.301? This includes any pre-employment test administered by an employer to which you applied for safety-sensitive transportation work covered by D.O.T. regulations requiring pre-employment testing.

Yes _____ No _____ If yes, have you been evaluated by a Substance Abuse Professional? Yes _____ No _____

WORK HISTORY Please list all jobs in the past 3 years, including exact month and year on dates of employment. If dates are not accurate, please leave blank. All trucking companies must verify the past 3 years for non-experienced drivers and some situations, such as a company that is out of business, will require documentation to back up the information you have supplied. Use separate sheet if necessary.

From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Street City State Zip

Supervisor _____ Position Held _____

Reason for leaving _____

With this job, were you subject to the Federal Motor Carrier Safety Regulations regarding drug testing ? Yes ___ No ___

From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Street City State Zip

Supervisor _____ Position Held _____

Reason for leaving _____

With this job, were you subject to the Federal Motor Carrier Safety Regulations regarding drug testing ? Yes ___ No ___

From: _____ To: _____ Name _____
Phone# (_____) _____ Address _____
Street City State Zip

Supervisor _____ Position Held _____

Reason for leaving _____

With this job, were you subject to the Federal Motor Carrier Safety Regulations regarding drug testing ? Yes ___ No ___

CREDIT HISTORY As part of our application process, TDA determines the credit worthiness of applicants to determine the best financial options for you through a variety of Lending sources. Hence you are hereby notified and thus consent and authorize TDA to an investigative consumer report permissible under 15 USC 1681 et.seq.

You, as subject of the investigation, have certain rights under the Federal Fair Credit reporting Act:

1. You may request information concerning the results of the investigation.
2. Correspond directly with the consumer credit reporting agency conducting said investigation.
3. Know the express purpose of the report is for credit worthiness.
4. Know that the contents are not to be used for any other purpose.
5. Know that contents are not to be divulged to any party other than TDA.
6. Know that the report will not be used for any unlawful purpose.
7. Know that upon proper identification, the consumer credit reporting agency will make available the nature, source and substance of all information contained within the file.
8. To determine the accuracy, validity and integrity if the investigative report's content and to correct and inadequacies, disputes that appear on said report.
9. If a negative credit history or related rationale appears in said report, TDA will advise of its adverse action.

By my signature here, I hereby authorize, consent and give full permission to TDA Educational Systems, Inc. (Truck Driving Academy), to conduct said investigative consumer credit report. My neglect to sign here means I plan to pay cash for the training unless otherwise sponsored by a Trucking company or outside agency.

Print Name Signature Date

EMERGENCY CONTACT Please list the name and contact information of the person we may contact on your behalf.

Print Name – Relationship to you (_____) Home Phone (_____) Cell Phone (_____) Work Phone

I understand that by making this application, I am not guaranteed acceptance to school, nor am I bound to attend training solely on the completion of this application. I further acknowledge that I have completed this application myself after reading it entirely and that I have answered it to the best of my knowledge that all statements are true in substance and fact.

Signature Date