



EAGLE
TRAINING
SERVICES, INC.



Truck Driving School

GTC Use: Class Date: _____ Loc. _____ Course: _____

Truck Driver Training Program Application Training Provided by Eagle Training Services

*****Please attach a copy of your driver's license when submitting your application. Also attach a copy of your driving record abstract (a.k.a. driving record). If you do not have your driving record please request a copy from the Wisconsin DOT: www.dot.wisconsin.gov/drivers/drivers/points/abstract.htm . Your application is not considered complete until the copies of your driver's license and driving record are received.**

A \$500 deposit is due at the time of application submission. You can make payment by Visa, MasterCard, Discover or American Express; or by certified check or money order payable to NC3.

Mail payment and application, along with copy of driver's license and driving record to:

Robin Widmar
Gateway Technical College - iMET
2320 Renaissance Blvd
Sturtevant WI 53177

If paying by credit card, email application and copy of driver's license and driving record to widmarr@gtc.edu or fax to 262-564-2989 and call 262-898-7548 to give credit card information. We cannot accept credit card information through email or fax.

Please print clearly and completely fill out this application.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Driver's License #: _____ Expiration date: _____

Date of Birth: _____ SS # _____

Email: _____ Gender _____

Circle your answer:

- | | | |
|--|----|-----|
| 1. Have you been ticketed for any traffic violations in the past six years? | No | Yes |
| 2. Have you ever held a driver's license in another state? | No | Yes |
| 3. Is your license blocked (unpaid tickets, suspension), here or in another state? | No | Yes |
| 4. Are you physically incapable of driving a motor vehicle? | No | Yes |
| 5. Have you been involved in any vehicle accident in the past three years? | No | Yes |
| 6. Have you ever been convicted of a felony? | No | Yes |
| 7. Are you currently on any medication (not including vitamins)? | No | Yes |
| 8. Has your license ever been revoked, denied or suspended? | No | Yes |

- | | | |
|---|----|-----|
| 9. Have you ever held a CDL before? Class A or Class B? (circle type) | No | Yes |
| 10. Have you ever had an alcohol related ticket? | No | Yes |
| 11. Have you been a student at a truck driving school before? | No | Yes |
| 12. Have you tested for your Class A or Class B permit? | No | Yes |
| 13. Are you currently working? | No | Yes |

14. What does your family think about you being a truck driver?

15. What interests you about the trucking industry?

16. What do you think about a career in over-the-road driving?

17. How did you hear about this program?

18. How will you pay for training (If funded, please list agency and agent contact info)?

19. How soon do you want to start attending classes?

20. Ethnicity-please circle (This information is required for state and funded program reporting)

1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3.Black 4.Hispanic 5.white

Signature: _____ Date: _____

Thank you for completing this confidential application. Completion of this application does not obligate you in any way.

For Office Use Only/Interview Notes

Representative: _____ Date: _____
