



Eagle Training Services Inc.
Truck Driving School

GTC Uses: Class Date _____ Location: _____ Course: _____

Truck Driver Training Program Application

***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:

Beth Tilley
Gateway Technical College
400 County Road H
Elkhorn, WI 53121

If paying by credit card, email application and copy of driver's license and driving record to tilleye@gtc.edu or fax to 262-741-8133 and call 262-741-8518 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 _____ Social Security # _____

Email _____

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 or misdemeanor? | 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 Has your license ever been revoked, denied, or suspended?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? | NO | YES |
| 10. Have you ever had an alcohol related ticket? | NO | YES |
| 11. Have you been a student for a truck driving school before? | NO | YES |
| 12. Have you tested for your Class A or Class B permit? | NO | YES |
| 13. Have you ever been subjected to FMCSR regulations? | 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 did you plan to pay for training?

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

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 _____
