



GTC Use: Class Date: \_\_\_\_\_ Loc. \_\_\_\_\_ 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](http://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 5321

**If paying by credit card**, email application and copy of driver's license and driving record to [tilleye@gtc.edu](mailto: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: \_\_\_\_\_ SS # \_\_\_\_\_

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?                                       | 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?

19. How soon do 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.*

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**For Office Use Only/Interview Notes**

Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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