



**Driver Training Services**  
Student Interview Information- Rev 2-13-15

Date \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (M)

Address: \_\_\_\_\_  
(Street) (City) (County) (Zip Code)

Phone – (Best contact number to include area code): \_\_\_\_\_

**IT IS IMPORTANT THAT ALL QUESTIONS BE ANSWERED COMPLETELY**

Over 18 years old? Yes \_\_\_ No \_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Soc Sec # \_\_\_\_\_

E-mail address \_\_\_\_\_ Driver's License Number \_\_\_\_\_

High School Graduate? \_\_\_ GED? \_\_\_ Are you currently working? Yes \_\_\_ No \_\_\_

Are you collecting unemployment benefits? Yes \_\_\_ No \_\_\_ Are you eligible for WRT retraining? Yes \_\_\_ No \_\_\_

How will your schooling be paid for? \_\_\_\_\_

Have you attended college? \_\_\_ Years completed? \_\_\_ Type of degree? \_\_\_\_\_

How did you hear about Check Ride? \_\_\_\_\_

What class do you plan on attending (Date)? \_\_\_\_\_

Can you meet the following requirements in order to receive a CDL Learner's Permit?

Currently hold a valid Washington Drivers' License? Yes \_\_\_ No \_\_\_

Can you provide your social security number? Yes \_\_\_ No \_\_\_

Can you pass a DOT physical examination? Yes \_\_\_ No \_\_\_

Can you operate a "stick shift" car, etc., having a clutch? Yes \_\_\_ No \_\_\_

Can you back any kind of trailer (boat, motorcycle, car, etc.)? Yes \_\_\_ No \_\_\_

What interests you most about trucking? \_\_\_\_\_

What types of trucking industry jobs do you believe you want? (**Local or Over the Road**) \_\_\_\_\_

**DIRECTIONS: Please answer the following questions:**

**(Further explain all "Yes" answers in the space provided below)**

1. Is there **anything** on your driving record in the past five (5) years? If so, explain \_\_\_\_\_

2. Is your drivers' license currently expired, suspended, or invalid? If so, explain \_\_\_\_\_

3. Have you been convicted of more than three (3) moving violations in the last three (3) years? Explain \_\_\_\_\_

4. Have you **ever** been convicted of an **alcohol or drug** related traffic violation? If so, explain \_\_\_\_\_

5. Is your license currently or has it **ever** been suspended or revoked in Washington or any other state?  
\_\_\_\_\_
6. Do you have any medical, physical or learning disability problems that could hinder your truck driver training?  
If so, explain in detail: \_\_\_\_\_  
\_\_\_\_\_
7. Do you have **any** medical problems & are you on **any** prescribed medications? If so, explain \_\_\_\_\_  
\_\_\_\_\_
8. Do you currently have **any** outstanding or unpaid traffic fines? If so explain \_\_\_\_\_  
\_\_\_\_\_
9. Have you **ever** been convicted of a **felony or misdemeanor**? If so, explain \_\_\_\_\_  
\_\_\_\_\_
10. Have you **ever** failed a **DOT or Random Drug Test**? If so, explain \_\_\_\_\_  
\_\_\_\_\_
11. Have you **ever** taken **illegal drugs**? If so, how long ago & what were they? \_\_\_\_\_  
\_\_\_\_\_

**Work History/References for the Last Three Years.** All employment information must be provided as requested, with all appropriate contact numbers. Dates of employment to include Month, Day and Year, reasons for termination and whether or not you are eligible for rehire along with if you were required to submit to substance abuse and testing policies applicable to CDL as set forth by FMCSA. **THIS IS REQUIRED INFORMATION.** We can't proceed without this information.

Name of Employer \_\_\_\_\_ Dates employed \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone # (area code) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Responsibilities \_\_\_\_\_  
 Reason for Termination \_\_\_\_\_ Eligible for rehire \_\_\_\_\_  
 FAX # \_\_\_\_\_  
 At this job, were you submitted to random drug/alcohol testing: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone # (area code) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Responsibilities: \_\_\_\_\_  
 Reason for Termination \_\_\_\_\_ Eligible for rehire \_\_\_\_\_  
 At this job, were you submitted to random drug/alcohol testing? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE: If this is not enough space, please submit additional information on a separate paper. Thank you.**

*By signing, I testify that all information is true and accurate to the best of my knowledge. I also attest, that I have received either verbally or in writing information on the trucking labor market, along with Check-Ride's latest job placement percentages.* X \_\_\_\_\_

**(Signature Required)**