



TRANSPORTATION TRAINING SERVICES APPLICATION

Date: _____

Name: (last name) _____ (first name) _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Cell Phone: _____

Email: _____

PERSONAL HISTORY

Military Experience: Yes No If yes, how long: _____

Discharge date: _____ Branch of Service: _____

Are you a U.S. Citizen? Yes No

PHYSICAL HISTORY

Are you in good health (to the best of your knowledge)? Yes No

Do you have at least 20/40 vision in each eye (with glasses): Yes No

Do you have good use of hands/arms? Feet? Legs? Good Hearing?

Do you have any condition which could cause fainting spells? Yes No

Have you ever been treated for: Diabetes Epilepsy Heart Condition Other

Use of intoxicants (Alcohol): Habitual Occasional Seldom Not At All

Use of drugs: Habitual Occasional Seldom Not At All

Any physical defects? Yes No

If yes, please describe: _____

Date of last physical: _____

EDUCATIONAL HISTORY

Indicate highest grade completed: Grade 1 through 12: _____ College (number of years): _____

High School Diploma: Yes No GED: Yes No

EMPLOYMENT HISTORY

If you are currently unemployed please put unemployed for Current employer.

Current employer: _____ Phone Number: _____

Address: _____

Position held: _____ From: _____ To: _____

How long were you employed with this company? _____

Previous employer: _____ Phone Number: _____

Address: _____

Position held: _____ From: _____ To: _____

How long were you employed with this company? _____

Previous employer: _____ Phone Number: _____

Address: _____

Position held: _____ From: _____ To: _____

How long were you employed with this company? _____

DRIVER EXPERIENCE AND QUALIFICATION

Driver license held in the past three years:

State	Type	Expiration Date
1. _____		
2. _____		
3. _____		

A. Have you ever been denied a license permit or privilege to operate a motor vehicle? Yes No

If yes, date: _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, date: _____

If you answered yes to either A or B, provide a statement giving details:

Accident Review in the past three years:

Date	Nature of Accident (Head on, Rear end, etc.)	Any Fatalities?	Any injuries?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Convictions, Felonies and/or Forfeitures for the past 10 years other than parking violations

State	Date	Charge
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that in completing this application, Del Mar College is under no obligation to accept me, nor am I under obligation to Del Mar College.

It is agreed and understood that the answers to the foregoing questions have been supplied by me and are true and correct to the best of my knowledge and that any misrepresentation of information given above shall be considered an act of dishonesty.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

I have interviewed this applicant and have reviewed his/her qualifications.

I do _____ do not _____ recommend (s)he for acceptance by Del Mar College.

Comments: _____

Signature of Admission Rep: _____ Date: _____

Needs TABE Test? Yes _____ No _____