



**TRANS AMERICAN TECHNICAL INSTITUTE, INC.**  
 P.O. BOX 321, CARBONDALE, PA 18407 • (570) 222-4884 • FAX (570) 222-4883

Information is submitted for consideration and determination of qualifications and aptitude. All information will be held in strict confidence. You are under no obligation to the school by completing this application.

PLEASE ANSWER ALL QUESTIONS COMPLETELY TO AVOID DELAY IN APPLICATION PROCESS!!

Funding/ WIA \_\_\_\_\_ Personal \_\_\_\_\_  
 Source/County \_\_\_\_\_ Tuition: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date \_\_\_\_\_

PERSONAL INFORMATION

Name: \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 (BOX #) (CITY) (STATE) (ZIP) AREA

Previous Address: \_\_\_\_\_ How long? \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorce: \_\_\_\_\_ Separated: \_\_\_\_\_ Widowed: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Other Dependents: \_\_\_\_\_

In Case of Emergency Notify: (Nearest Relative Not Residing With You)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

FROM WHAT SOURCE DID YOU LEARN ABOUT OUR SCHOOL? \_\_\_\_\_

QUALIFICATIONS

How Long Have You Been Seriously Considering This Field? \_\_\_\_\_

Why Are You Interested In This Field? \_\_\_\_\_

Describe Operating Experience Of These Vehicles: \_\_\_\_\_

Have You Ever Driven A Standard Shift Vehicle? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Do You Have Personal Transportation? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
 Model: \_\_\_\_\_ Year: \_\_\_\_\_

EDUCATION

Circle Highest Grade Attended:

GED \_\_\_\_\_ HIGH SCHOOL – 7 8 9 10 11 12 , COLLEGE – 1 2 3 4

Last School Attended: \_\_\_\_\_  
 (NAME) (CITY)

MEDICAL

Do You Have Any Hearing Defects? \_\_\_\_\_ Vision? \_\_\_\_\_ Speech? \_\_\_\_\_

Do You Take Any Medication? \_\_\_\_\_ Describe: \_\_\_\_\_

Describe Any Medical Conditions You May Have: \_\_\_\_\_

Have You Ever Collected Workman's Compensation? YES: \_\_\_\_\_ NO: \_\_\_\_\_

When? \_\_\_\_\_

How Long? \_\_\_\_\_ Explain Why: \_\_\_\_\_



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MOTOR VEHICLE RECORD – List all drivers licenses’ held in the past 5 years: (If none, write NONE)

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

TRAFFIC CONVICTIONS - List all traffic convictions and forfeitures for the past 5 years (any motor vehicle, other than parking violations) : (If none, write NONE)

DATE	LOCATION (STATE)	VIOLATION	PENALTY

ACCIDENT RECORD – List all accident involvement with any motor vehicle for past 5 years (If none, write NONE)

Date	Type of Vehicle	Nature of Accident	Were You At Fault	Were You Ticketed	Fatalities	Injuries	Amount of Property Damage

**DRIVING EXPERIENCE**

Class Of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor/Semi Trailer				
Tractor/Two Trailers				
Other				

**CIRCLE – YES OR NO**

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?      YES      NO
- B. Do you have a pending charge or conviction for driving while intoxicated?      YES      NO
- C. Do you have a pending charge or conviction for possession of a controlled substance?      YES      NO
- D. Have you ever been refused auto liability insurance?      YES      NO
- E. Do you have a pending charge or conviction for any misdemeanor or felony offense?      YES      NO
- F. Has you license ever been suspended or revoked?      YES      NO

If answer is yes explain fully when and why! \_\_\_\_\_  
 Use extra paper if necessary! \_\_\_\_\_

**FOR SCHOOL USE ONLY**

DATE: \_\_\_\_\_  
 DR \_\_\_\_\_ N \_\_\_\_\_ Q \_\_\_\_\_ A \_\_\_\_/\_\_\_\_/\_\_\_\_  
 HH \_\_\_\_\_ S \_\_\_\_\_ U \_\_\_\_\_ R \_\_\_\_/\_\_\_\_/\_\_\_\_  
 WH \_\_\_\_\_ L \_\_\_\_\_  
 P \_\_\_\_\_ \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_

