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               |  |  |  |  |
|                                   |                               |                    |                            |  |  |  |  |
|                                   | <u>PERSONAL</u>               | <u>INFORMATION</u> |                            |  |  |  |  |
| Name:                             |                               | SS#                |                            |  |  |  |  |
| Address:                          |                               | Phone #            | ( )                        |  |  |  |  |
| Address: (BOX #) (CITY)           | (STATE)                       | (ZIP)              | ()                         |  |  |  |  |
| Previous Address:                 |                               |                    | How long? Weight: Widowed: |  |  |  |  |
| Birth Date:/                      | / Age:                        | Height:            | Weight:                    |  |  |  |  |
| Single: Married: _                | Divorce:                      | Separated:         | Widowed:                   |  |  |  |  |
| Number of Children:               |                               | Other Dependents:  |                            |  |  |  |  |
| In Case of Emergency Notify: (Nea | irest Relative Not Residing W | (ith You)          |                            |  |  |  |  |
| ame:                              |                               |                    |                            |  |  |  |  |
| Address:                          | Address:Phone # ()            |                    |                            |  |  |  |  |
| FROM WHAT SOURCE DID YO           | U LEAKN ABOUT OUR SC          | HOOL!              |                            |  |  |  |  |
|                                   | OUAL                          | IFICATIONS         |                            |  |  |  |  |
|                                   |                               |                    |                            |  |  |  |  |
| How Long Have You Been Serious    | ly Considering This Field? _  |                    |                            |  |  |  |  |
| Why Are You Interested In This Fi | eld?                          |                    |                            |  |  |  |  |
| Describe Operating Experience Of  | These Vehicles:               |                    |                            |  |  |  |  |
|                                   |                               |                    |                            |  |  |  |  |
| Have You Ever Driven A Standard   | Shift Vehicle? YES:           |                    | NO:                        |  |  |  |  |
| Do You Have Personal Transportat  | ion? YES:                     | NO:NO:Year:        |                            |  |  |  |  |
| Model:                            |                               |                    | Year:                      |  |  |  |  |
|                                   |                               |                    |                            |  |  |  |  |
|                                   | <u>EDU</u>                    | <u>JCATION</u>     |                            |  |  |  |  |
| Circle Highest Grade Attended:    |                               |                    |                            |  |  |  |  |
| GED                               | HIGH SCI                      | HOOL - 7 8 9 10    | 11 12 , COLLEGE – 1 2 3 4  |  |  |  |  |
| Last School Attended:             |                               |                    | ,                          |  |  |  |  |
|                                   | (NAME)                        |                    | (CITY)                     |  |  |  |  |
|                                   |                               |                    |                            |  |  |  |  |
|                                   | <u>MI</u>                     | <u>EDICAL</u>      |                            |  |  |  |  |
| Do You Have Any Hearing Defects   | s?                            | Vision?            | Speech?                    |  |  |  |  |
| Do You Take Any Medication?       | ··                            | Describe:          | SP00011.                   |  |  |  |  |
|                                   |                               |                    |                            |  |  |  |  |
| Describe Any Medical Conditions   | You May Have:                 |                    |                            |  |  |  |  |
| Have You Ever Collected Workma    | n's Compensation? YES:        |                    | NO:                        |  |  |  |  |
|                                   |                               |                    |                            |  |  |  |  |
|                                   | g?Explain Why:                |                    |                            |  |  |  |  |
|                                   |                               |                    |                            |  |  |  |  |



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

|  |                |         | <ul> <li>List all drivers license</li> </ul>       | es' held in the  | past 5 years: ( | (If none, writ | te NONE)             |                         |  |
|--|----------------|---------|--|------------------|-----------------|----------------|----------------------|-------------------------|--|
| STATE I  |                | L       | ICENSE NUMBER                                      |                  | TYP             | E              |                      | EXPIRATION DATE         |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 |                |                      | _                       |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         | ist all traffic convictions                        | s and forfeiture | es for the past | t 5 years (any | motor vehi           | cle, other than parking |  |
| violations) : (If none, write NO DATE LOC  |                |         | ATION (STATE)                                      |                  | VIOLAT          | TION           |                      | PENALTY                 |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  | •              |         |  |                  |                 |                | '                    |                         |  |
| ACCIDENT   |                |         | ll accident involvement                            |                  |                 | past 5 years   | (If none, wr         |                         |  |
|  | Type of Vo     | ehicle  | Nature of Accident                                 | Were You         | Were You        | Fatalities     | Injuries             | Amount of Property      |  |
| Date   |                |         |  | At Fault         | Ticketed        |                |                      | Damage                  |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
| DRIVING I  | EXPERIENC      | Œ       |  |                  |                 |                |                      |                         |  |
|  |                |         | Equipment  |                  | Dat             | tes            | Approx. No. of Miles |                         |  |
| Class Of Equipment   |                | 1t      | (Van, Tai  | nk, Flat, Etc.)  |                 | From To        |                      | (Total)                 |  |
| Straight Truck   |                |         |  |                  |                 |                |                      |                         |  |
| Tractor/Se   | mi Trailer     |         |  |                  |                 |                |                      |                         |  |
| Tractor/Tv   | vo Trailers    |         |  |                  |                 |                |                      |                         |  |
| Other  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 | •              | ·                    |                         |  |
|  | YES OR NO      |         |  |                  |                 |                |                      |                         |  |
|  |                |         | a license, permit or priv                          |                  |                 | nicle?         |                      |                         |  |
|  |                |         | ge or conviction for driving or conviction for pos |                  |                 | rtance?        |                      | NO<br>NO                |  |
| C. Do you have a pending charge or conviction for possession D. Have you ever been refused auto liability insurance? |                |         |  |                  | ontrolled subs  |                | NO<br>NO             |                         |  |
| E. Do you have a pending charge or conviction for any misdemeanor or felony offense?  YES  NO                        |                |         |  |                  |                 |                |                      |                         |  |
| F. Has you   | license ever   | been si | ispended or revoked?                               |                  | ,               |                | YES 1                | NO                      |  |
| If answer is   | yes explain    | fully w | hen and why!                                       |                  |                 |                |                      |                         |  |
| Use extra pa   | aper if necess | sary!   |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
|  |                |         |  |                  |                 |                |                      |                         |  |
| FOR SCHO   | OL USE ON      | ПV      |  |                  |                 |                |                      |                         |  |
| DATE:  | OL OSE OF      | 111     |  |                  |                 |                |                      |                         |  |
| DR   |                | N       |  | )                |                 | A              | //_                  |                         |  |
| НН   |                | S       | Ŭ  | )<br>            |                 |                |                      |                         |  |
| WH   |                | L       |  |                  |                 | R              | //                   |                         |  |
| P  |                | \$      |  |                  |                 |                |                      |                         |  |
|  |                | C       | ICNIA TUDE   |                  |                 |                |                      |                         |  |
|  | т              | SATE    | IGNATURE   |                  |                 |                |                      |                         |  |



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

## SUPPLEMENTARY PERSONAL HISTORY SHEET

Use this sheet to list additional employers, training programs, periods of military service, self-employment and unemployment not listed on your application. Fill in all blanks, and leave no blanks or gaps in time for the past ten (10) years.

| Unemployment (if any) |           | Dates: From month/year _ | to                                      |
|-----------------------|-----------|--------------------------|---|
| DATES: From Month/Ye  | ear       | to                       | Position Held                           |
| Company               |           |                          | Avg. Weekly Earnings                    |
| Address               |           |                          | Reason for Leaving                      |
|                       | State     | Zip                      | If Experienced, Type of Trailer Pulled  |
| Telephone ( )         |           | •                        | Type Equip. Driven                      |
| Supervisor            |           |                          | Number of Accidents Total Miles         |
| *                     | Hours or  | Miles/Week               | States/Regions You Drove In             |
|                       | 110415 01 | 111100, 11 0011          | Distribution Total Dio 10 in            |
| Unemployment (if any) |           | Dates: From month/year _ | to                                      |
| DATES: From Month/Ye  | ear       | to                       | Position Held                           |
| Company               |           |                          | Avg. Weekly Earnings                    |
| Address               |           |                          | Reason for Leaving                      |
|                       | State     | Zip                      | If Experienced, Type of Trailer Pulled  |
| Telephone ( )         |           | •                        | Type Equip. Driven                      |
| Supervisor            |           |                          | Number of Accidents Total Miles         |
|                       | Hours or  | Miles/Week               | States/Regions You Drove In             |
| Unemployment (if any) |           | Dates: From month/year _ | to                                      |
| DATES: From Month/Ye  | ear       | to                       | Position Held                           |
| Company               |           |                          | Avg. Weekly Earnings                    |
| Address               |           |                          | Reason for Leaving                      |
|                       | State     | Zip                      | If Experienced, Type of Trailer Pulled  |
| Telephone ( )         | ~         | r                        | Type Equip. Driven                      |
| Supervisor            |           |                          | Number of Accidents Total Miles         |
| *                     | Hours or  | Miles/Week               | States/Regions You Drove In             |
| Unemployment (if any) |           | Dates: From month/year _ | to                                      |
| DATES: From Month/Ye  | 205       |                          | Position Held                           |
|                       | cai       | to                       |   |
| Company<br>Address    |           |                          | Avg. Weekly Earnings Reason for Leaving |
|                       | State     | 7in                      | If Experienced, Type of Trailer Pulled  |
| -                     | State     | Zip                      |   |
| Telephone ( )         |           |                          | Type Equip. Driven                      |
| Supervisor            | TT        | N 4:1 /3371-             | Number of Accidents Total Miles         |
| Full or Part-Time     | Hours or  | Miles/Week               | States/Regions You Drove In             |
| Unemployment (if any) |           | Dates: From month/year _ | to                                      |
| DATES: From Month/Ye  | ear       | to                       | Position Held                           |
| Company               |           |                          | Avg. Weekly Earnings                    |
| Address               |           |                          | Reason for Leaving                      |
|                       | State     | Zip                      | If Experienced, Type of Trailer Pulled  |
| Telephone ( )         |           | ı'                       | Type Equip. Driven                      |
| Supervisor            |           |                          | Number of Accidents Total Miles         |
|                       | Hours or  | Miles/Week               | States/Regions You Drove In             |
|                       |           |                          |   |
| Unemployment (if any) |           | Dates: From month/year   | to                                      |