**STUDENT CHECKLIST**

(check box after read/completed, include with paperwork)

- **To Enroll:**
  - **Fill out:**
    - Application for Professional Driver Training
    - IA - MVR Release Form
    - Out of State - MVR Release Form
    - Request for Information (sign and date only)
    - I-9 (section 1)
    - Certification of Compliance
    - Personal Health History
    - Waiver
    - Release
    - Background Check Release
    - Copy of high school diploma/transcript or GED
    - Copy of the **Student Checklist**: boxes checked, signed and dated
    - Copy of MVR (all non-Iowa students must send a MVR)

- **Fax to 515-576-5396 or send to:**
  - Iowa Central Community College
    Attn: Jamie Hoshaw, TTC
    One Triton Circle
    Fort Dodge, Iowa 50501
Complete FAFSA:

☐ Pick a PIN [www.pin.ed.gov](http://www.pin.ed.gov)

☐ Fill out the FAFSA for the 12-13 school year [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Choose the option to download your 2011 tax information from the IRS (this is not an option if you filed Head of Household or Separate)

☐ School Code 004597

☐ Sign with PIN

Students MUST bring the following:

☐ **Passport or Birth Certificate** - MUST be a certified copy, have a raised seal or stamp from an issuing authority, cannot be hospital issued or a photocopy, cannot be worn or torn (Non-Iowa residents only)

☐ **Valid Driver’s License** - if you have unpaid tickets, holds or suspension in your issuing state or another state, they will show up when you attempt to get your CDL in Iowa and will prevent you from advancing in the program.

☐ Social Security Card

☐ Bedding for a twin size bed

☐ Bath towels

☐ Money for food for 10 weeks

☐ $32 for permit and $40 for CDL license (will need extra for endorsements/endorsements transferred from another state)
Have you EVER had any of the following? Check any that apply:

☐ Felony

☐ Misdemeanor

☐ Alcohol or drug conviction

☐ License suspended or revoked

List charges/conviction dates/time served, if any. Failure to list any charges you have had will result in dismissal from school:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Signature:______________________________________________Date_______________
Iowa Central
COMMUNITY COLLEGE
One Triton Circle, Fort Dodge, Iowa 50501

TRANSPORATION TRAINING CENTER
APPLICATION FOR PROFESSIONAL DRIVER TRAINING

NAME: 
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS: 
(Street) (City) (State & Zip Code)

PHONE: DATE OF BIRTH: SOCIAL SECURITY NO.

If you have lived at the above address for less than three years, list previous address:

If you are applying for financial aid, complete the information in this box.

U.S. Citizen (circle one): Y N Date of Birth: 
Check One: Single Parent Married Separated Divorced Widowed

In case of emergency notify: 
(Name) (Phone)
(Address)

Have you driven a truck before? Where?

Dates: From to Rate of pay Position

Reason for leaving:

Are you employed now? If not, how long since leaving last employment?

Who referred you? Rate of pay expected

PHYSICAL HISTORY

List any physical limitations (such as eyesight, limb impairment, diabetes, etc)

Are you physically capable of heavy manual work? Date of last physical examination

Doctor’s name and address

Ever injured on the job? Give nature and degree of such injuries

How much time lost from work in past three years for illness?
Have you received workmen's compensation? _______________ When? _______________________

Name an individual, other than a relative, who can verify periods of unemployment.

Name: ___________________ Workday Phone #: _______________________

Military Status: Have you served in the U.S. Armed Forces? ___Yes ___No

Branch? ___________________ Dates: From _______ To _______

**Employment Record for the Past 3 Years**

*People with previous driving experience (CDL holders) must include an additional 7 years of work experience.*

<table>
<thead>
<tr>
<th>Last Employer Name:</th>
<th>Supervisor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Position Held:</td>
<td>From _______ To _______</td>
</tr>
<tr>
<td>Reasons for leaving</td>
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<tr>
<td>Reasons for leaving</td>
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</tbody>
</table>
Use additional sheets if necessary.

1. Have you EVER been denied a license, permit or privilege to operate a motor vehicle? □ Yes □ No
2. Have you EVER had any license, permit or privilege suspended or revoked? □ Yes □ No
3. Have you EVER been convicted for driving while under the influence of alcohol or drugs? □ Yes □ No
4. Have you EVER been refused liability insurance? □ Yes □ No
5. Have you EVER been convicted of a felony? □ Yes □ No
6. Have you EVER been convicted of a misdemeanor? □ Yes □ No
7. Have you EVER been disqualified to drive by Federal Regulations? □ Yes □ No
8. Have you EVER been refused a security bond? □ Yes □ No
9. Per Section 40.25 of the 49 CFR Part 40 Final Rule: Have you ever tested positive, or refused to take a pre-employment alcohol/drug screening, whether the employer hired you or not, within the past two (2) years? □ Yes □ No

If you answered yes to ANY of the above nine (9) questions, state details circumstances, and date:
EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Trade School: 1 2 3 4

Last School Attended: ____________________________

(Name) (City)

PLEASE REMEMBER TO ATTACH A COPY OF YOUR HIGH SCHOOL DIPLOMA, GED, OR COMPASS TEST SCORES!

GENERAL

Have you ever been bonded? _____ Name of bonding company ____________________________

Have you ever been refused bond? _____ If yes, why ________________________________

Have you ever been known by any other name other than the one on this application? _____

DRIVER EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES

<table>
<thead>
<tr>
<th>State</th>
<th>License No. Audit No.</th>
<th>Type</th>
<th>Expiration Date</th>
</tr>
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</table>

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  _Yes_ _No
B. Has any license, permit or privilege ever been suspended or revoked? _Yes_ _No

If the answer to either A or B is yes, attach statement-giving details.

DRIVING EXPERIENCE

If none, write "NONE" in the box below.

<table>
<thead>
<tr>
<th>Class of Equipment</th>
<th>Type of Equipment (van, tank, flat, etc.)</th>
<th>Date From:</th>
<th>Approx. No. Of Miles (total)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Special courses or training that will help you as a driver: ____________________________

Which safe driving awards do you hold and from whom? ________________________________
ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (Attach sheet if more space is needed)
If there is no violation, write "NONE" in the box below.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Nature of accident (head-on, rear-end, upset, etc.)</th>
<th>Fatalities</th>
<th>Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Accident</td>
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<tr>
<td>Next Previous</td>
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</tbody>
</table>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)
(Attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Charge</th>
<th>Penalty</th>
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</thead>
<tbody>
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</tbody>
</table>

1. Why do you want to be a truck driver? ____________________________________________

2. What do you expect of the trucking industry upon completion of this course?  
   ____________________________________________
   a. Type of job____________________________________
   ____________________________________________
   b. Wages you expect to earn_________________________
   ____________________________________________
   c. Job conditions_______________________________
   ____________________________________________
Name 3 persons not related to you who have knowledge of your qualifications.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Position</th>
<th>Telephone Number</th>
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</table>

TO BE READ AND SIGNED BY APPLICANT:

It is agreed and understood that any misrepresentation of information given above shall be considered an act of dishonesty. It is agreed and understood that the school or its agents may investigate the applicant’s background to ascertain any and all information of concern to applicant’s record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of furnishing such information. The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his/her student file. It is agreed and understood that this application for acceptance in no way obligates the school to accept the applicant and that if accepted, the student will be on a probationary period during which time he/she may be dismissed without refund.

This certifies that I completed this application and that entries on it and information in it are true and complete to the best of my knowledge.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations.

Date

Applicant Signature

Mail Application To: Mr. Jeff Frank, Transportation Director
Transportation Technology Center
Iowa Central Community College
One Triton Circle
Fort Dodge, IA 50501

REVISED 07/15/08