

PRE-ENROLLMENT APPLICATION
Tri Area Driving School

PLEASE PRINT CLEARLY IN INK
 Fill in **ALL** Spaces or put **N/A**
 Use additional pages if needed

LAST NAME	FIRST NAME	MIDDLE NAME

PERSONAL INFORMATION					
Mailing Address (PO Box or Street and Number, City, State, Zip Code):			Telephone No. ()	Between 8:00 am - 5:00 pm	
			Telephone No. ()	After 5:00 pm	
Permanent Address if Different (Street and Number, City, State, Zip Code):			Telephone No. ()	Cell or Pager #	
			Telephone No. ()	Emergency	
Previous Address if above is less than 2 yrs (Street and Number, City, State, Zip Code):			Best Time to Reach:	Email Address:	
Date of Birth	No. of Children	Are you <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Social Security #:	Will you be willing to drive over the road? <input type="checkbox"/> NO <input type="checkbox"/> YES
Do You Have a Valid Driver's License? <input type="checkbox"/> NO <input type="checkbox"/> YES	If Yes, State Issued By:	Driver's License Number:	Expires (yr)	Do you have the use of a motor vehicle (or have transportation to or from class)? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Do You Know Anyone that Works for or Has Attended Tri Area Driving School?			How Did You Hear About Our Program?		

EMPLOYMENT HISTORY Last 3 Years, Most Recent First (Use Back if Necessary)					
Starting Date:	Ending Date:	Job Classification and Title:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Rate of Pay:
Name and Title of Immediate Supervisor:		Name and Address of Employer:		Work Telephone Number:	
Reason for Leaving:		Duties:			
Starting Date:	Ending Date:	Job Classification and Title:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Rate of Pay:
Name and Title of Immediate Supervisor:		Name and Address of Employer:		Work Telephone Number:	
Reason for Leaving:		Duties:			
In applying for enrollment, it is understood that Tri Area Driving School reserves the privilege of contacting past employers regarding references. May we also contact your present employer at this time? <input type="checkbox"/> NO <input type="checkbox"/> YES			If no, please explain why not.		

DRIVING RECORD:				
Have you ever been arrested of a crime involving driving while under the influence of drugs or alcohol?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been in an accident where you were at fault?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been charged with careless or reckless driving?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been charged with leaving the scene of an accident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever had your driving privileges suspended, denied, or revoked?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever had two or more traffic violations in a one year period?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

List ALL violations (use back if necessary)

Violations	Date of Offense	Description	Location	Charge	Penalty
Accidents	Date of Offense	Description	Fatalities or Injuries	Charge	Amount of Damage
Suspension	Date of Offense	Description	Length	Reason	Cleared (Y/N)

I am listing more on the back

CRIMINAL BACKGROUND:				
Have you ever been charged for any offense involving drugs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been charged with any crime of a violent nature (assault, domestic violence, etc.)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any charges pending against you at this time?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you currently on probation or parole?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Can you legally travel outside the state of Michigan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any current legal issues having to do with child support?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

List ALL violations (use back if necessary)

Misdemeanors	Date of Offense	Description	Sentence or Penalty	Date of Discharge
Felonies	Date of Offense	Description	Sentence or Penalty	Date of Discharge

I am listing more on the back

HEALTH CONCERNS:				
Have you ever tested positive for a drug test?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you diabetic or currently taking insulin in shot form?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you hypertensive or do you have high blood pressure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you currently taking any medications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any allergies that may affect you ability to work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any reading or writing disabilities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any missing or deformed limbs or do you have any prosthetics?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you wear corrective lenses to drive?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
To the best of your knowledge, do you have at least 20/40 vision in both eyes (with or without corrective lenses)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you answered yes to any of the above questions, please provide details below:

EMERGENCY CONTACTS: Friends and/or family are acceptable. List (3) persons from different households. Do NOT use a reference that lives with you.				
Name	Address	Telephone Number	Occupation	Years Known

Tri Area Driving School does not discriminate in enrollment on the basis of race, color, religion, national origin, sex, age, ancestry, marital status, sexual orientation, veteran status, or other status protected by applicable federal, state or local law.

I hereby represent that the data provided by me in this application is complete and true to the best of my knowledge, and may be verified by Tri Area Driving School. I understand that any incorrect, incomplete or false statement of information furnished by me may prevent me from being accepted for enrollment, may subject me to dismissal, or may affect my opportunities for hire. I hereby authorize Tri Area Driving School or its agents to do the following: conduct a criminal history file check to determine the existence of any arrest resulting in conviction, to check my motor vehicle license record for the purpose of determining if I will be allowed to operate a commercial motor vehicle for purposes of employment, and to conduct a credit check for purposes of financing my tuition. I further authorize my former employers or schools to provide any legally releasable information regarding my employment or enrollment with them to Tri Area Driving School and its agents.

Applicant's Signature:

Date: