

GREAT SOUTHERN

COMMERCIAL DRIVING SCHOOL

Confidential Qualification Application

Name _____ DOB _____ Phone# _____

Address _____

City _____ State _____ Zip Code _____

Social Security # _____ Driver's License# _____

Driving History

- Has your license ever been suspended or revoked? _____

If yes, year and reason. _____

- In the last 5 years, how many tickets have you received? _____

#1. Year & reason _____

#2. Year & reason _____

#3. Year & reason _____

- In the last 5 years, how many accident(s) have you had? _____

- Have you ever been convicted of a DUI? _____ Year _____

- Have you ever been convicted of a felony or misdemeanor? _____

Year & explain _____

Medical History

- Have you been, or are you under, a doctor's care in the last 5 years? _____ If yes, please explain. _____

Current medication(s) _____

- Have you ever filed a workers' comp claim? _____ Year _____
Explain _____

Employment

Current/Last Employer: _____
Dates of employment: From _____ **to** _____
Complete Address: _____
Phone#: _____ **Job Title:** _____
Reason for leaving: _____

Previous Employer: _____
Dates of employment: From _____ **to** _____
Complete Address: _____
Phone#: _____ **Job Title:** _____
Reason for leaving: _____

Previous Employer: _____
Dates of employment: From _____ **to** _____
Complete Address: _____
Phone#: _____ **Job Title:** _____
Reason for leaving: _____

I certify, to the best of my knowledge, the above information is true.

Signature _____ **Date** _____