



Interview / Registration Form / Class "B"

(Ability to Benefits)

Skagit City Trucking School, LLC

2418 Old Hwy 99 South

Mount Vernon, WA 98273

Office (360) 982-2891 / Fax (360) 982-2895

DATE: _____

NAME: _____ SSN: _____

PHONE: _____ CELL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVERS LICENSE: _____ STATE: _____ TYPE: _____

DOB: _____ AGE: _____ RACE: _____ M / F: _____

EMAIL: _____

EMERGENCY CONTACT: NAME: _____

PHONE: _____ RELATION: _____

How did you hear about Skagit City Trucking School? _____

EDUCATION: High School Diploma or GED? Y / N
College Y / N # of Years _____
Degree _____
Certificates _____
Last Grade Completed _____

VETERAN: Are you a Veteran of the U.S. Armed Forces? Y / N

ELEGIBILITY: Are you a Legal Resident or Citizen of the United States? Y / N

HEALTH: Have you ever had or have any of the following? (Mark all that apply)

_____ Diabetes _____ Epilepsy
_____ Hearing Loss _____ High Blood Pressure
_____ Back Problems _____ Lifting Limitations
_____ Vision Loss _____ Physical Problems

If you answered YES to any, please explain:

Are you currently unemployed and collecting unemployment benefits? Y / N

What type of employment do you desire after Graduating from Skagit City Trucking School?

Long Haul _____ Local _____ Regional _____ Owner Operator _____

Please answer the following questions. If you answer **YES** to any of the questions, please explain.

1. In the last 3 years, have you been convicted of 3 or more moving violations? Y / N

If Yes, please explain: _____

2. In the last 3 years were you cited for speeding 15mph or more? Y / N

If Yes, please explain: _____

3. Have you been involved in more that 1 accident in the last 3 years? Y / N

If Yes, please explain: _____

4. Do you have any alcohol related violations in the last 5 years? (DUI, DWI, etc.) Y / N

If Yes, please explain: _____

5. Has your license been revoked/suspended in any state in the last 5 years? Y / N

If Yes, please explain: _____

6. Do you have any outstanding traffic violations, fines, or federal debts? Y / N

If Yes, please explain: _____

7. Have you ever been convicted of a misdemeanor or felony? Y / N

If Yes, please explain: _____

8. Do you have any difficulty reading, writing, speaking or understanding the English Language? Y / N

If Yes, please explain: _____

9. Have you ever driven a Tractor/Trailer Combination, Straight Truck or Bus? Y / N

If Yes, please explain: _____

Drug and alcohol testing is required in the trucking industry under the Federal Motor Carries Regulations. This includes random drug and alcohol testing if accepted into the course. Passing the Department of Transportation Physical is also a requirement under D.O.T. regulations and is required in order to be admitted into Skagit City Trucking School. By signing below you acknowledge that you will undergo these tests and that the information provided is true.

Signature

Date

***Skagit City Trucking School, LLC, does not discriminate in admitting students in the Course Program based on sex, race, religion, age, or national origin.



FOR STAFF USE ONLY

_____ ACCEPTED

Signature / Title of School Official

Date

Affiliation: _____

Counselor: _____

Phone: _____

To Be Signed by the student only if they are accepted into the class:

** By signing this document I also acknowledge that I have received a copy of the "Skagit City Trucking School Introduction Catalog", and understand and agree with its contents.

Signature _____

Date _____