



## Transportation Training Services Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### PERSONAL HISTORY

Military Experience:  Yes  No

If yes, how long: \_\_\_\_\_

Discharge date: \_\_\_\_\_

Are you a U. S. Citizen?  Yes  No

### PHYSICAL HISTORY

Are you in good health?  Yes  No

Do you have at least 20/40 vision in each eye (with glasses):  Yes  No

Do you have effective use of the following:

Hands/arms  Yes  No

Feet  Yes  No

Legs  Yes  No

Good hearing  Yes  No

Do you have any conditions which could cause fainting spells?  Yes  No

Have you ever been treated for the following:

Diabetes?  Yes  No

Epilepsy?  Yes  No

Heart condition?  Yes  No

Email applications to: [rojias@delmar.edu](mailto:rojias@delmar.edu), [mhernandez71@delmar.edu](mailto:mhernandez71@delmar.edu) or [lharrison1@delmar.edu](mailto:lharrison1@delmar.edu)

**PHYSICAL HISTORY (cont.)**

Use of intoxicants (alcohol):

Habitual Yes No

Occasional Yes No

Seldom Yes No

Not at all Yes No

Use of drugs:

Habitual Yes No

Occasional Yes No

Seldom Yes No

Not at all Yes No

Any physical defects? Yes No

If yes, please explain: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

**EDUCATIONAL HISTORY**

High School Diploma? Yes No

GED: Yes No

Indicate highest grade completed (Grade 1-12): \_\_\_\_\_

College (number of years): \_\_\_\_\_

**EMPLOYMENT HISTORY**

*If currently unemployed, please indicate on current employer*

Current Employer: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Position: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

How long were you employed with this company? \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Position: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

How long were you employed with this company? \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Position: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

How long were you employed with this company? \_\_\_\_\_

### **DRIVER EXPERIENCE AND QUALIFICATION**

Driver license held in the past three years:

State: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If yes, date: \_\_\_\_\_

If you answered yes to either question, please provide a statement giving details.

### **ACCIDENT REVIEW IN THE PAST THREE YEARS:**

Date: \_\_\_\_\_

Nature of Accident: (Head on, Rear end, etc.) \_\_\_\_\_

Any fatalities?  Yes  No

Any injuries?  Yes  No

Date: \_\_\_\_\_

Nature of Accident: (Head on, Rear end, etc.) \_\_\_\_\_

Any fatalities?  Yes  No

Any injuries?  Yes  No

**CONVICTIONS, FELONIES AND/OR FORFEITURES FOR THE PAST 10 YEARS OTHER THAN PARKING VIOLATIONS:**

State: \_\_\_\_\_

Date: \_\_\_\_\_

Charge: \_\_\_\_\_

State: \_\_\_\_\_

Date: \_\_\_\_\_

Charge: \_\_\_\_\_

State: \_\_\_\_\_

Date: \_\_\_\_\_

Charge: \_\_\_\_\_

I understand that in completing this application, Del Mar College is under no obligation to accept me, nor am I under obligation to Del Mar College.

It is agreed and understood that the answers to the foregoing questions have been supplied by me and are true and correct to the best of my knowledge and that any misrepresentation of information given above shall be considered an act of dishonesty.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

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**I have interviewed this applicant and have reviewed his/her qualifications.**

I  do  do not recommend student for acceptance by Del Mar College.

**Comments:** \_\_\_\_\_

**Signature of Admission Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Needs TABE Test?**  Yes  No