



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

PHYSICAL HISTORY (cont.)

Prescribed Medications? Yes No

If yes, please list medications: _____

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: _____

Email applications to: irojas@delmar.edu, irodrigu210@delmar.edu or lharrison1@delmar.edu

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

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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: _____

DO NOT WRITE BELOW THIS LINE

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