



ENROLLMENT / FINANCIAL ASSISTANCE APPLICATION

INSTRUCTIONS: Complete application and return in the prepaid envelope to the above address. Your application can be approved faster if you fax the application to the above fax number. You are **NOT OBLIGATED** by sending this application in and you are not required to send any money with this application.

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ M.I.: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Home Phone (_____) _____ Cell Phone (_____) _____
 SS#: _____ Drivers License #: _____ State: _____ Expires: _____
 Birth Date: _____ Age: _____ Email Address: _____

ENROLLMENT INFORMATION:

1. **BASIC TRUCK DRIVING:** [] Full Time (2 weeks) **OR** [] Part Time (5 weekends)
 2. **ADVANCED TRUCK DRIVING:** [] Full Time (4 weeks)

When would you like to start? [] As soon as possible **OR** on _____ (see class schedule)

Will you need Financial Assistance? _____ If yes, for: [] Tuition [] Housing [] Licensing

If you are being sponsored by an agency, Agency Name, Person, Phone#? _____

***** WE ARE AN ELIGIBLE TRAINING PROVIDER UNDER THE WORKFORCE INVESTMENT ACT *****

ENROLLMENT QUALIFICATIONS:

	YES	NO	
A. Is your driver's license currently expired, suspended, invalid or without picture?	[]	[]	
B. Have you ever been convicted of a felony or use or possession of an illegal drug?	[]	[]	RETURN TO SCHOOL BY MAIL OR FAX: 608-825-6752 QUESTIONS? CALL: 1-800-332-7364
C. Have you used an illegal drug within the last 6 months?	[]	[]	
D. Do you have a serious difficulty reading or writing the English language?	[]	[]	
E. Are you a NON United States Citizen?	[]	[]	
F. Do you have any uncorrectable vision problems (worse than 20/40 in either eye?)	[]	[]	
G. Do you have any personal history of epilepsy or diabetes, fainting or dizzy spells?	[]	[]	
H. Have you ever had a back injury or back surgery, or limitations of movement?	[]	[]	
I. Are you currently taking any medications?	[]	[]	
J. Are you on medication for, or do you have any history of, mental illness?	[]	[]	
K. Do you have any hearing impairment?	[]	[]	
L. Have you been convicted of more than 3 moving traffic violations in the last 3 years?	[]	[]	
M. Have you been convicted of an alcohol related traffic violation within the last 10 years?	[]	[]	
N. Has your driver's license been suspended or revoked within the last 5 years?	[]	[]	
O. Do you have any outstanding or unpaid traffic fines or citations in any state?	[]	[]	

Please explain any yes answer to the above and include dates: _____

DRIVING RECORD:

List all states in which you held a drivers license for the last five (5) years: _____

List all motor vehicles or traffic violations you have had in the last five (5) Years: _____

Violation: _____ Date: _____ Violation: _____ Date: _____

Violation: _____ Date: _____ Violation: _____ Date: _____

I, the undersigned, understand a YES answer to questions A through L may prohibit me from obtaining employment as a truck driver/equipment operator. I, the undersigned, have submitted this information as being true and accurate, realizing that approval or disapproval of my enrollment will be based on this application and that any misrepresentation or omission of information called for is cause for rejection. Further, I clearly understand that school acceptance of my enrollment will be based on this application and the information contained herein. In addition, I hereby authorize the School to investigate the information submitted on this application and to contact individuals, states in regard to driver's licenses, agencies, request credit information or other parties listed on or related to either side of this application.

Applicant Signature: _____ **Date:** _____

PERSONAL REFERENCE INFORMATION: (Must complete with street address & phone#)

#1. Name _____ #3. Name _____
 Street _____ Street _____

City State Zip _____ City State Zip _____
Telephone () _____ Telephone () _____

#2. Name _____ #4. Name _____
Street _____ Street _____
City State Zip _____ City State Zip _____
Telephone () _____ Telephone () _____

SPOUSE INFORMATION: (Must be completed if married)

Last Name: _____ First Name: _____ M.I.: ____ SS#: _____
Employer: _____ Employer's Phone: _____ How Long: _____
Occupation/Position: _____

INCOME INFORMATION:

Your Take Home Pay: \$ _____ per month Other Income: \$ _____ per month
Spouse's Take Home Pay: \$ _____ per month Explain: _____

FINANCIAL INFORMATION:

Bank/Credit Union: _____ Checking: [] Savings: [] How Long: _____
Bank City: _____ State: _____ Zip: _____

Current Residence: House _____ Apt. _____ / Buying _____ Renting _____ Own Clear _____ Rent Free _____: W/Parents _____
Monthly Rent/Payment: \$ _____ If you own: Home Value: \$ _____ Mortgage Balance: \$ _____

Have you ever borrowed a Federal Guaranteed Student Loan? _____ If yes, EVER in default?: _____
Have you ever declared bankruptcy? _____ Yes _____ No If yes, where? _____ Date? _____ Case#? _____

COSIGNER INFORMATION:

Can you get a co-signer? _____ Yes _____ No
If Yes, Name? _____ SS#: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: () _____ Email Address: _____

EMPLOYER INFORMATION: (Please list last three employers)

1. Current /Last Employer: _____ Employer's Phone: _____ from: _____
City & State: _____ Occupation/Position: _____ To: _____
2. Prior Employer: _____ Employer's Phone: _____ from: _____
City & State: _____ Occupation/Position: _____ To: _____
3. Prior Employer: _____ Employer's Phone: _____ from: _____
City & State: _____ Occupation/Position: _____ To: _____

Applicant Signature: _____ **Date:** _____

CO-SIGNER CREDIT APPLICATION

Student Name: _____

Diesel Truck Driver Training School / Associated Training Services, Hwy 151 & Hwy VV, Sun Prairie, WI 53590 (800) 332-7364

INFORMATION ON CO-SIGNER

Last Name: _____ First Name: _____ M.I. _____ SS#: _____
 Home Address: _____ Apt#: _____ How Long: _____ Mos. _____ Yrs.
 City: _____ State: _____ Zip: _____ Phone: () _____
 Former Address: _____ Apt#: _____ How Long: _____ Mos. _____ Yrs.
 City: _____ State: _____ Zip: _____ Phone: () _____
 Birth Date: _____ Age: _____ Drivers License #: _____ State: _____
 U.S. Citizen: Yes No Marital Status: Single Married Divorced Separated # of Dependents: _____
 Employer: _____ Employer's Phone: _____ How Long: _____ Mos. _____ Yrs.
 Employer Address: _____ Occupation / Position: _____
 Former Employer: _____ Employer's Phone: _____ How Long: _____ Mos. _____ Yrs.
 Employer Address: _____ Occupation / Position: _____

INFORMATION ON SPOUSE

Last Name: _____ First Name: _____ M.I. _____ SS#: _____
 Employer: _____ Employer's Phone: _____ How Long: _____ Mos. _____ Yrs.
 Employer Address: _____ Occupation / Position: _____

MONTHLY INCOME INFORMATION

Applicant's Monthly Take Home Pay:	\$ _____	Is any of this income likely to be reduced or interrupted before this loan is paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____
Spouse's Monthly Take Home Pay:	\$ _____	
Other Income:	\$ _____	
Total Net Monthly Income:	\$ _____	

FINANCIAL INFORMATION

Bank: _____ Address: _____ Checking: [] Savings: []
 Current Residence: House Condo Apt. / Buying Renting Own Clear Rent Free With Parents Other
 Landlord or Mortgagee: _____ Monthly Rent Payment: \$ _____ Balance Owning: \$ _____
 Address: _____ City: _____ State: _____ Zip: _____

List all other creditors (Credit Cards, Finance Companies, Credit Unions, Banks, Stores, etc.):

TO WHOM OWED (name, city, state)	ACCT#	MONTHLY PAYMENT	BALANCE OWING

Is Any Debt Past Due?: Yes No Are all debts listed?: Yes No If you need more space, attach a separate sheet.

Have you obtained credit under a different name?: Yes No If yes, show name(s): _____

Have you ever declared bankruptcy?: Yes No If yes, where?: _____ When?: _____

REFERENCES

NAME	ADDRESS	CITY	STATE	ZIP	PHONE
Parents:					
Relative:					
Friend:					
Friend:					

I certify that the above information provided is true and complete. You are authorized to check my credit and employment history and to provide information regarding your credit experience with me. Upon approval, I agree to be bound by the agreement for which this application is provided.

Signature of Co-Signer: _____ **Date:** _____