

TECHNICAL COLLEGE OF THE LOWCOUNTRY (TCL)
KOZAK OFFICE OF WORKFORCE DEVELOPMENT

Department of Transportation CDL Qualification Questionnaire

Name: _____
(Please print neatly.)

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Date of Birth: ___/___/___ Age: ___ Sex: M___ F___

Social Security Number _____ Employed: Yes No

Driver's License No. _____ State _____

Marital Status: Single Married Divorced Separated Widowed

US Citizen: Yes No Non-Citizen Alien registration No: _____

Military or Veteran: Yes No If yes, please answer the following:

Branch of Service: _____ Entry Date: _____

Discharge Date: _____

Circle one: Honorable Dishonorable General Other

How did you hear about TCL? Please circle all that apply. _____

TV Newspaper Alumnus

Radio Referred Other

If you were referred, who referred you: _____

Do you have any problem/problems with going over the road (OTR)? Yes No

Driving Record

List all States in which you have held a driver's license: _____

Has your license ever been suspended or revoked? Yes No

If yes, reinstatement date _____

Reason for suspension or revocation _____

List all traffic tickets and/or accidents you have had in the past five years.

Date & State	Description	At Fault?	
1. _____	_____	Yes	No
2. _____	_____	Yes	No
3. _____	_____	Yes	No
4. _____	_____	Yes	No
5. _____	_____	Yes	No

Have you ever been convicted of careless or reckless driving? Yes No

Explain: _____

Have you ever been convicted of DUI and/or DWI? Yes No

Explain: _____

Criminal Record

Have you ever been arrested or convicted of a felony? Yes No

If you answered yes, please explain:

Charge(s) _____

Date(s) of Conviction _____ State(s) _____

Have you ever been arrested or convicted of a misdemeanor? Yes No

If you answered yes, please explain:

Charge(s) _____

Date(s) of Conviction _____ State(s) _____

Are you currently on parole or probation? Yes No

If yes, release date: _____

Education History

Do you have a high school diploma or a GED? Yes No

Circle the highest grade completed: 6 7 8 9 10 11 12 13 14 15 16

Have you ever attended a Truck Driving School? Yes No

If yes, when and where:

Work History

Please provide a ten-year employment/unemployment history. Attach additional pages if needed.

Company: _____

Dates employed: _____

Reason for leaving: _____

Company: _____

Dates employed: _____

Reason for leaving: _____

Company: _____

Dates employed: _____

Reason for leaving: _____

Health History

Have you ever been treated for or diagnosed with any of the following:

Diabetes	Yes	No	High Blood Pressure	Yes	No
Kidney Disease	Yes	No	Head/Back	Yes	No
Heart	Yes	No	Epilepsy or Nervous	Yes	No
Hearing Disorder	Yes	No	Drugs	Yes	No
Arthritis/Muscular	Yes	No	Asthma	Yes	No
Vision Disorder	Yes	No			

Do you have any other medical condition/s that may prevent you from driving a tractor- trailer? Yes No

Review form and initial: _____

I certify that to the best of my knowledge the information provided here on the Department of Transportation CDL Qualification Questionnaire is true and correct.

Applicant Name (Print)

_____ Date _____

Applicant Signature

_____ Date _____

Kozak Office of Workforce Development Authorized Signature