

**A-1 CDL Driving School**  
**11301 Coles Drive, Manassas, VA 20112**  
**Phone: 1-877-543-2345, www.A1CDLSchool.com**

**QUALIFICATION FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SSN \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_  
DOB \_\_\_\_\_ E-mail \_\_\_\_\_ Cell No. \_\_\_\_\_  
Emergency Phone No. \_\_\_\_\_

---

**PERSONAL HISTORY**

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Points: \_\_\_\_\_

Has your Driver's License ever been revoked or suspended? Yes  No

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

Have you ever been convicted of driving under the influence of alcohol? Yes  No

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

Have you ever been in a motor vehicle accident? Yes  No

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

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

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

Have you ever been diagnosed with any of the following?

Amputation - leg/foot/arm/hand Yes  No  Epilepsy/Nervous disorders Yes  No

Diabetes requiring insulin Yes  No  Respiratory dis-function Yes  No

Heart Disorders Yes  No  Drugs or alcoholism Yes  No

Arthritic or Muscular disorders Yes  No  Hearing disorder Yes  No

Is your vision corrected to a minimum of 20/40 in both eyes, with or without glasses? Yes  No

Do you have any physical defects likely to interfere with the operation of a motor vehicle? Yes  No

Do you have the ability to distinguish between the colors of red, green and amber? Yes  No

Are you currently taking any medication prescribed by a doctor? What? Yes  No

Are you physically fit to drive tractor-trailer? Yes  No

---

**EDUCATIONAL HISTORY**

Do you have any trouble reading or understanding English? \_\_\_\_\_

What is your highest education level? \_\_\_\_\_

Have you done any other types of training? \_\_\_\_\_

Do you have the ability to make decisions when necessary? \_\_\_\_\_

---

**EMPLOYMENT HISTORY**

Present Employer: \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_

How long employed \_\_\_\_\_

Do you own your home? \_\_\_\_\_ Rent? \_\_\_\_\_ Other \_\_\_\_\_

Have you ever filed a bankruptcy? \_\_\_\_\_ If yes, when? \_\_\_\_\_

I WARRANT ALL INFORMATION GIVEN HAS BEEN SUPPLIED BY ME AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

\_\_\_\_\_  
Signature