

LSCPA QUESTIONNAIRE FOR TRUCK DRIVING APPLICANTS

PLEASE COMPLETE THE FOLLOWING:

1. Have you ever driven a Truck Tractor? Yes No
2. If so, what type of equipment? _____
3. For how long? _____
4. Do you now possess a current Driver's License? Yes No
5. Do you now possess a current CDL? Yes No
6. What are your plans for seeking employment upon completion of this course? (Check all that apply) I
 have a job offer
 I have a letter of intent from a company
 I do not have a job offer at this time
7. What are your goals within the trucking industry? _____

9. Are you presently employed? Yes No If so, with whom? _____
10. How many traffic violations have you received within the past 3 years? _____
What type of violations? _____
11. How many accidents have you had within the past 5 years? _____
12. Do you have a high school diploma? Yes No If not, do you have a GED? Yes No
13. Do you have any disabilities that would affect you in the performance of your duties as a Truck Driver? Yes No
If so, please explain: _____
14. Are you presently taking prescription medicine? Yes No
If so, please explain: _____
15. Are you presently receiving workman compensation: Yes No
If so, please explain: _____
16. Have you ever been **convicted** of a felony? Yes No