



# Interview / Registration Form/ Class "C"

(Ability to Benefits)

BIDDIX TRUCKING SCHOOL

2418 Old Hwy 99 South

Mt Vernon, WA 98273

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

DATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

LICENSE NUMBER# \_\_\_\_\_ TYPE: \_\_\_\_\_ STATE: \_\_\_\_\_

How did you hear about Biddix Trucking School? \_\_\_\_\_

EDUCATION: High School Diploma or GED? Yes/No

College Yes/No Number of Years \_\_\_\_\_

Degree \_\_\_\_\_

Certificates \_\_\_\_\_

Last Grade Completed \_\_\_\_\_

VETERAN: Are you a Veteran of the U.S. Armed Forces? YES/NO

HEALTH: Have you ever had or have any of the following? (Use a  $\checkmark$  mark below)

Diabetes \_\_\_\_\_

Hearing Loss \_\_\_\_\_

Back Problems \_\_\_\_\_

Vision Loss \_\_\_\_\_

Epilepsy \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Lifting Limitations \_\_\_\_\_

Physical Problems \_\_\_\_\_ such as bad back, legs or other

Any Disability \_\_\_\_\_

If you answered YES to any of these questions please explain:

\_\_\_\_\_

\_\_\_\_\_

What type of employment do you desire after Graduating from Biddix Trucking School?

(Use a  $\checkmark$  mark below)

Long Haul \_\_\_\_\_ Local \_\_\_\_\_ Regional \_\_\_\_\_ Owner Operator \_\_\_\_\_

Class 'B' \_\_\_\_\_

Are you currently unemployed and collecting unemployment benefits? Yes/No

Please answer the following questions. If you answer **yes** to any of the questions, please explain in the space provided.

1. In the last 3 years, have you been convicted 3 or more moving violations? Yes/No  
If Yes, please explain \_\_\_\_\_

2. In the last 3 years were you cited for speeding 15 mph or more?  
Yes/No  
If yes, please explain \_\_\_\_\_

3. Have you been involved in more than 1 accident in the last three years? Yes/No  
If yes, please explain \_\_\_\_\_

4. Do you have any alcohol related violations in the last 5 years? (DUI, DWI,  
etc.) Yes/No  
If yes, please explain \_\_\_\_\_

5. Has your license been revoked/suspended in any state in the last 5 years?  
Yes/No  
If yes, please explain \_\_\_\_\_

6. Do you have any outstanding traffic violations, fines, or federal debts? Yes/No  
If yes, please explain \_\_\_\_\_

7. Have you ever been convicted of a misdemeanor or felony? Yes/No  
If yes, please  
explain \_\_\_\_\_  
When? \_\_\_\_\_

8. Do you have any difficulty reading, writing, speaking or understanding the  
English language? Yes/No If yes please explain \_\_\_\_\_  
\_\_\_\_\_

9. Have you ever driven a Tractor Trailer or straight truck? Yes/No  
If yes, please  
explain \_\_\_\_\_

Drug and alcohol testing is required in the trucking industry under Federal Motor Carrier Regulations. Passing the Department of Transportation Physical is also a requirement under D.O.T. regulations and is required in order to be admitted into Biddix Trucking School. By Signing below you acknowledge that you will undergo these tests and that the information provided is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR STAFF USE ONLY**

<p>This form will double as a Registration Form if student enrolls in program. Did student pay registration fee to hold spot in class? Yes <input type="checkbox"/> No <input type="checkbox"/> Date student will attend course? _____</p>
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To Be signed by the student only if they are accepted into the class:

\*\*By signing this document I also acknowledge that I have received a copy of the "Biddix Trucking School Introduction Catalog", and understand and agree with it's contents.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

\*\*\*Biddix Trucking School, LLC, does not discriminate in admitting students in the Course Program based on sex, race, religion, age, or national origin.