



Interview / Registration Form/ **Class "B"**

(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 Has your license been revoked/suspended in any state in the last 5 years?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.