



AMERICAN CAREER TRAINING

8530 Commercial Way Redding, CA 96002
(888) 700-5693 FAX (530) 223-1086
530-223-5693

Pre-Application for Student Training

All information given on this application is confidential, must be true, and accurate. This information must be verifiable in order for student to be accepted for enrollment.

Date of Application:
Name: (Last name, First name, MI)
S.S.N.
Phone #:
Email:
Address:
Residence for the past 3 years:
Date of birth:
Age:
Height:
Weight:
Glove Size:
Boot Size:
Shirt Size:
Emergency Contact:



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Pre- Application Questionnaire

Answer the following questions will assist us in aeras we need to discuss concerning your future.

<u>Section A:</u>	<u>Yes</u>	<u>No</u>
1. Can you, read, write, and speak English ?		
2. Are you over the age of 21?		
3. Can you provide a High School Diploma or GED ?		
4. Are you a citizen of the United States ?		
5. Do you have a valid California Driver License ?		
6. Can you provide proof of medical insurance for the duration of the course?		
7. What will be your source for your funding? Please state you answer below.		

Please give an explanation to each item you answered NO to in Section A.

<u>Section B:</u>	<u>Yes</u>	<u>No</u>
Is there any reason you could not move to relocate for a Job if one is offered to you?		
Has your driver's license ever been suspended or revoked?		
Have you ever had a DWI or a DUI? If yes, When: Month: Year:		
Have you had any accidents in the past 3 years?		
Have you ever been arrested for any narcotic charges?		
Do you have felonies or misdemeanors?		



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Have you ever held a commercial license?		
Do you have any physical or mental disabilities at this time?		
Are you currently on any medications?		
Do you wear any hearing apparatus?		
Do you have any eyesight impairments or colorblindness?		
Have you physically lost any part of your body?		
Are you presently employed?		
Is there a reason you cannot verify your past employment history for 10 years?		
Have you ever been on Probation or Parole?		
Have you ever been fired from a past employer?		
Have you ever been injured on the job or received workers comp.?		
Are you married?		
Do you have any children?		

Please give an explanation to each item you answered YES to in Section B.

I certify that I have answered the above questions truthfully and to the best of my knowledge.

Student Signature:

Date: