



APPLICATION FOR STUDENT TRAINING

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
Driver License No. \_\_\_\_\_ EXP Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_--\_\_\_\_--\_\_\_\_
Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_
Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

JOB HISTORY

1) Company Name: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_
Position Held: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Reason For Leaving: \_\_\_\_\_
2) Company Name: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_
Position Held: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Reason For Leaving: \_\_\_\_\_

Emergency Contact (Mandatory)

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
Address: \_\_\_\_\_

Personal Reference's(Mandatory)

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
Address: \_\_\_\_\_

Relatives (Mandatory)

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
Address: \_\_\_\_\_



**PLACEMENT AND WAGE DISCLOSURE**

***PLACEMENT:***

I understand the Skyway Trucking School will train me for entry level driving position. Further understand that Skyway Trucking School's Placement Personnel will assist me in Attaining an entry level driving position, however, they cannot guarantee how much I will earn I May start with minimum pay scale and work myself up. As in my profession, it is me and my job performance that directly affect my yearly income.

***WAGES:***

I acknowledge that Skyway Trucking School has advised me that entry level wage earnings are based on various factors such as hourly rate, mileage and load rates. Mileage can vary from \$.18 to \$.25 per mile and load percentage varies from 18% to 30%. Hourly wage rates will depend upon type of work and upon the particular company. Typical work available at hourly wages is short line, shuttle driving, pick-up, delivery and truckload. Starting wages for hourly are usually between \$8.00 and \$22.00 per hour.

***RELEASE OF INFORMATION:***

I understand that Skyway Trucking School cannot guarantee employment. I give my full consent To Skyway Trucking School's Placement Personnel or others that may actively be involved in Placement assistant to release any and all information they deem necessary to secure potential employment such as attendance, class grades, and personal information.

I will notify Skyway Trucking School of any changes in name, address, phone numbers and/or disability status that is pertinent to potential employment. I understand that failure to provide the above information will hinder the Placement Personnel's ability to assist me with any potential employment.

I certify that all information I have given to Skyway Trucking School is truthful and accurate. I understand that information must be verifiable. Any attempt to mislead or give false information to Skyway Trucking School may result in being denied admission or terminate student application.

Student signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Enrolling Agent Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**DUI/DWI, TRAFFIC VIOLATION, AGE AND FELONY ADVISEMENT**

We are in the process of completing you paperwork at this time. It is important that you understand that Skyway Trucking School will assist you in placement; however, you must be aware that certain employers may not consider you for employment due to you're:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Conviction Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Conviction Date

1. Do you have a high school diploma? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you have a G.E.D.? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you been cited for moving violations within the last three years? If yes, please explain.

\_\_\_\_\_

4. Have you ever been convicted of D.U.I. /D.W.I. or Reckless Driving? If yes, please explain

\_\_\_\_\_

5. Have you ever been charged with responsibility for an accident? If yes, please explain.

\_\_\_\_\_

**Note: Convictions of the Above Do Not Disqualify You for Training**

**SKYWAY TRUCKING SCHOOL** looks forward to working with you in finding employment throughout the enrollment, training, and placement period.

I have read and understand the above and am entitled to a copy of this document.

Student Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Signer Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If applicable)

Enrollment Agent Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# SKYWAY

## TRUCKING SCHOOL

### Training Facility Visit

I \_\_\_\_\_, have physically visited the facilities of  
 [Print Student Name Here]

**Skyway Trucking School** and I have received the school catalog, and read it over, prior to enrolling in the Professional Driver Training Program. The administrative assistant makes my DMV appointment, and I agree to pay \$250, if I miss or cancel my appointment without a doctor's excuse. You will need to return all calls/texts/emails from Skyway to ensure scheduling of appointments for DMV. Failure to respond within 24 hours will result in your appointment date being rescheduled if you can not be reached or do not respond to communication.

Student signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Enrolling Agent signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

## POLICY/NOTICE

### DAILY TIME CLOCK

**Skyway Trucking School's** policy is that all students must use the time clock. Skyway Trucking School will assume the following:

- ❖ You were not here for the four hour shift if you have not signed in and signed out for each and every day that you attend school.
- ❖ That day will be counted as a missed day.

**It is your responsibility to sign in and out using the time clock each day.**

I \_\_\_\_\_ have read the **Skyway Trucking School** regarding the Time Clock Policy

Student signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Enrolling Agent signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_



# STUDENT'S NOTIFICATION LETTER

I, \_\_\_\_\_ certify that I have received a copy  
[Print Student's Name]

Of and have read Skyway Trucking School's policy on Alcohol and Drug Testing Procedures. I understand that a condition of admission, as a student, I must comply with these guidelines and agree that I will remain medically qualified by following those procedures. If I develop a problem with alcohol or drugs during my admission to Skyway Trucking School, I agree to seek assistance through the current alcohol and drug program administrator.

Student signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Enrolling Agent signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

I, \_\_\_\_\_ understand that if I damage  
[Print Student's Name]

Skyway Trucking School equipment because of any of the following reasons:

- ❖ Misuse
- ❖ Not pay attention
- ❖ Not following the direction of a Skyway Trucking School Instructor, I could or will be held responsible for all/or part of the cost to repair or replace the damaged equipment.

**NOTE: NO REFUND ON REFRESHER COURSE.**

**NOTE: IF YOU CANCEL YOUR CONTRACT, THE TIME THE STUDENT SPENDS IN SCHOOL WILL BE CHARGED AT \$175 PER HOURS**

**NOTE: CREDIT CARD REFUND WILL CHARGE AT 10% OF TOTAL AMOUNT.**

Student signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Enrolling Agent signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_



**EMPLOYMENT VERIFICATION**

**EMPLOYEE INFORMATION**

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

I, \_\_\_\_\_ do request and authorize my employer to provide and release verification of my employment to the agency listed below.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Employee Signature

**EMPLOYMENT INFORMATION:**

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employee's Position/Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Wage Rate: \_\_\_\_\_ per Hour/Mile Hours/Mile per Week: \_\_\_\_\_

**I certify that above employment information is true correct and understand this information is to used to verify employment for the above named employee.**

\_\_\_\_\_  
**Employer's Authorized Signature** **Date**

**AGENCY INFORMATION**

**Skyway Trucking School  
16934 Smoke Tree St  
Hesperia, CA 92345  
Phone: 760-947-2779  
Fax: 760-956-7201**



APPLICATION AUTHORIZATION  
FOR RELEASE OF INFORMATION

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**TO: Skyway Trucking School, INC, 16934 Smoke Tree St Hesperia CA 92345**

**Student Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date Of Birth: \_\_\_/\_\_\_/\_\_\_  
Place of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
Expiration Date of License: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I \_\_\_\_\_, Hereby authorize Skyway Trucking School  
[Print Student's Name]

To release the information that is needed for the following Purpose,

**ATTENDANCE AND PROGRESS  
VERIFICATION OF PARTICIPATION**

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Enrolling Agent Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

# COMPLAINT AND GRIEVANCE PROCEDURES

If you believe you have been discriminated against, or that there has been a violation of any laws or regulations, or believe you have a problem regarding services received, you have the right to file a grievance.

The following procedures are to be followed when filing a grievance:

1. Identify the complaint/ Grievance in writing and discuss it with Skyway Trucking School instructor.

Time Frame: Within 1 week of discrimination/ Violation/ Problem.

If resolved at this level, no further action is required. If no resolution is apparent within 10 calendar days, proceed with step 2

2. Forward the written complaint/ Grievance to Skyway Trucking School Student Service.

Time Frame: Within 1 week of step 1.

If resolved at this level, no further action is required. If no resolution is apparent within 20 calendar days, proceed with step 3.

3. Forward the written complaint / Grievance to Skyway Management at the following address:  
Skyway Trucking School, Office Manager 16934 Smoke Tree St. Hesperia, CA 92345.

Time Frame: Within 1 week of Step 2.

If resolved at this level, No Further Action is required.

4. If no solution is apparent after Steps 1-3 have been exhausted forward copy of written grievance to:  
Skyway Trucking School Director , 16934 Smoke Tree St Hesperia CA 92345

You will be contacted within 10 calendar says of any actions being taken. Please note each of these steps must be completed in the sequence shown.

## GRIEVANCE PROCEDURE CERTIFICATION

This is to certify that I have read, understood, and received a copy of the Skyway Trucking School Grievance Procedure

Student Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_





## NOTICE OF STUDENT'S RIGHT TO CANCEL CONTRACT

You may cancel your contract for school, without any penalty or obligation on the third business day following your first class session described in the **Notice of Cancellation Form** that will be given to you on the First day you go to class. *Read the Notice of Cancellation Form* for an explanation of your cancellation rights and responsibilities. If you have lost Notice of Cancellation Form, ask the school for another copy.

After the end of the cancellation period, you have the right to stop school at any time, and you have the right to receive a refund for part of the course not taken. Your refund rights are described in the **contract**. If you have lost your contract ask the school for a copy and/or a description of the refund policy.

If the school closes before you graduate, you may be entitled to a refund. Contact the **Council for Private Post-secondary and Vocational Education** at the address and telephone number printed below.

By signing this notice you acknowledge and have read all the information and agree to its content.

**NOTE: NO REFUND ON REFRESHER COURSE.**

**NOTE: IF YOU CANCEL YOUR CONTRACT, THE TIME THE STUDENT SPENDS IN SCHOOL WILL BE CHARGED AT \$175 PER HOURS**

**NOTE: CREDIT CARD REFUND WILL CHARGE AT 10% OF TOTAL AMOUNT.**

\_\_\_\_\_  
Student Signature

Date: \_\_\_ / \_\_\_ / \_\_\_

**Bureau of Private Post-secondary and Vocational Education  
400 "R" Street, Suite 5000  
Sacramento, California 95814  
Phone: (916)445-3427**



**STUDENT'S RIGHT TO CANCEL CONTRACT FOR EDUCATIONAL SERVICES**

You may cancel this contract this contract for school, without any penalty or obligation, within (1) business days from the date of the first class attended. "If you do cancel any payment you have made and any negotiable instrument signed by you shall be returned to you within thirty (30) business days following the school's receipt of your cancellation notice.

"But, if the school gave you any equipment, you must return the equipment within 30 days of the date you signed a cancellation notice. If you do not return the equipment within this 30 day period, the school may keep an amount out of what you paid that equals the cost of the equipment. The total amount charged for each item of equipment shall be separately stated. The amount charged for each item of equipment shall not exceed the equipment's fair market value. The institution shall have the burden of proof to establish the equipment's fair market value. The school is required to refund any amount over that as provided above, and you may keep the equipment.

To cancel the contract for school, mail or deliver a signed and dated copy of this cancellation notice, or any other written notice, or send a telegram to:



**TRUCKING SCHOOL**  
16934 Smoke Tree St  
HESPERIA, CA. 92345

NO LATER THAN MIDNITE THE THIRD BUSINESS DAY OF YOUR FIRST DAY OF CLASS.

STUDENT START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_.

"I cancel the contract for school."

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

