



Completion of this application does not obligate you or Complete Auto Driving School, LLC.

Primary Applicant

First Name*	M. I.*	Last Name*	Primary Phone*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address*			E-Mail Address*
<input type="text"/>			<input type="text"/>
City*	State*	Zip-Code*	Date of Birth*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number*		Pennsylvania Driver License Number*	
<input type="text"/>		<input type="text"/>	

If you were referred to Complete Auto Driving School, by whom?

Highest Level of Your Education*:

Names of Institutions	City and State Located	Diploma Degree Received	Dates Attended (From - To)
High School			
College/University			
College/University			

How many years of driving experience do you have?*

 Years

Are You at least 21 years of age?*

No Yes

Are You US citizen and of good moral character?*

No Yes

(You will be required to provide 3 character reference - none family)

Are You "reasonably" in good health?*

No Yes

(You will be required to provide Health Certificate from your Doctor, that You are healthy enough to teach driving)

Have You driven at least 15,000 miles under all weather conditions in both urban and rural area?*

No Yes

In the past 3 years, have you been involved in any "reportable accidents"?*

No Yes

(You will be required to provide the ORIGINAL 3-Year Driving Abstract)

Have you ever declared bankruptcy?*

No Yes

Have you ever been convicted of a felony or plead nolo contendere to a felony charge?*

No Yes

(You will be required to provide COPY of Child Abuse History Clearance and ORIGINAL Police Criminal Record)

Are you a party to a contract which imposes "non-competition" restrictions activities?*

No Yes

Are you currently providing products, goods, or services to Complete Auto Driving School?*

No Yes

Have you applied to work for or to be affiliated with Complete Auto Driving School before?*

No Yes

Have you applied to work at or be affiliated with any other Driving School before?*

No Yes

Automobiles (registered in own name)*

Year
Make
Model

Work or Teaching experience

Names of Institutions	Job/Duty Description	Position	Date (From - To)	Salary Income
Current or Most Recent				
Previous				
Previous				

Additional Applicant

First Name*

M. I.*

Last Name*

Primary Phone*

Address*

E-Mail Address*

City*

State*

Zip-Code*

Date of Birth*

Social Security Number*

Pennsylvania Driver License Number*

The preceding information is the basis for your Application. The submission of this application does not obligate either Complete Auto

The undersigned understand(s) that Complete Auto Driving School, LLC. is relying on the information provided in this Application and

By signing this Application, the undersigned acknowledges and agrees that Complete Auto Driving School, LLC. may investigate any

Primary Applicant

On this day, ___ / ___ / _____, I _____, declare that I have examined the contents of this application,

Note: Fields marked with "*" are required.

Mailing Address:

Complete Auto Driving School LLC
4301 Avenel Blvd
North Wales PA 19454
Attn: New Instructor Dept.