

APPLICATION FOR DRIVER TRAINING INSTRUCTOR

SECRETARY OF STATE

Original app.	<input type="checkbox"/>
Renewal app.	<input type="checkbox"/>

Please type or print

Applicant's Name Last		First		Middle		Date of Application			
						Mo.	Day	Yr.	
Home Address			City	State	ZIP	Home Phone		Social Security No.	
						()			
Current Illinois Driver's License No.		Expiration Date		Date of Birth		Place of Birth	City	State	
								Sex	
								Height	
								Weight	
Name of Driving School at Which You Will Instruct				Address			Hair Color		Eye Color

EDUCATION AND MILITARY SERVICE

EDUCATION (Circle highest grade completed.)

Grade School								High School				College			
1	2	3	4	5	6	7	8	1	2	3	4	1	2	3	4

Name of High School _____	Name of College or University _____
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Have you successfully completed a course in Driver Education at an accredited college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of college or university	Hours	Date completed	Instructor's name
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Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, dates of service From: _____ To: _____	Branch of service	Type of discharge
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EMPLOYMENT HISTORY

List employment experience for the last five years with the most recent first.

Name of Firm	Address	Type of Work
Dates Employed From: _____ To: _____	Reason for Leaving	
Name of Firm	Address	Type of Work
Dates Employed From: _____ To: _____	Reason for Leaving	

QUESTIONS

**You must answer each of the following questions with a "yes" or "no."
All questions answered "yes" must be explained at the bottom of the application.**

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Have you ever been known by any other name? <input type="checkbox"/> yes <input type="checkbox"/> no * 2. Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no 3. Have you ever been convicted of reckless homicide? <input type="checkbox"/> yes <input type="checkbox"/> no 4. Have you ever been convicted of driving under the influence of alcohol? <input type="checkbox"/> yes <input type="checkbox"/> no 5. Have you ever been convicted of driving under the influence of illegal drugs? <input type="checkbox"/> yes <input type="checkbox"/> no 6. Have you ever been convicted of driving under the influence of prescription drugs? <input type="checkbox"/> yes <input type="checkbox"/> no 7. Have you ever been convicted of leaving the scene of a traffic accident involving death or injury? <input type="checkbox"/> yes <input type="checkbox"/> no * 8. Have you ever been convicted of perjury or making of any false statements relating to any portion of the Illinois Vehicle Code? <input type="checkbox"/> yes <input type="checkbox"/> no 9. Have you ever been convicted of any traffic violation other than parking violations? <input type="checkbox"/> yes <input type="checkbox"/> no * 10. Have you ever been convicted of any misdemeanor other than traffic violations? <input type="checkbox"/> yes <input type="checkbox"/> no | <ol style="list-style-type: none"> 11. Are you now involved with any charges or court proceedings related to questions 2, 3, 4, 5, 6, 7, 8, 9 or 10? <input type="checkbox"/> yes <input type="checkbox"/> no 12. Has your driver's license ever been refused, canceled, suspended or revoked in Illinois or any other state? <input type="checkbox"/> yes <input type="checkbox"/> no 13. Are there any unsatisfied motor vehicle accident judgments against you? <input type="checkbox"/> yes <input type="checkbox"/> no 14. Have you ever given driver instruction in Illinois for compensation within the past 12 months? <input type="checkbox"/> yes <input type="checkbox"/> no 15. Has your driver training school instructor's license ever been denied, canceled, suspended or revoked? <input type="checkbox"/> yes <input type="checkbox"/> no 16. Are you currently an administrator and/or teacher of a state approved high school driver education program? <input type="checkbox"/> yes <input type="checkbox"/> no 17. Are you currently employed, or have you ever been employed by the Illinois Secretary of State? <input type="checkbox"/> yes <input type="checkbox"/> no 18. Are you currently licensed as a third-party certification program safety officer by the Secretary of State? <input type="checkbox"/> yes <input type="checkbox"/> no |
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* You are not obligated to disclose sealed or expunged records of a conviction or arrest.

EXPLANATION OF PREVIOUS QUESTIONS ANSWERED "YES"
