



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

COMMERCIAL DRIVER TRAINING SECTION

SCHEDULE 1 - PERSONAL HISTORY OF DRIVER TRAINING SCHOOL OWNER OR MANAGER

(PLEASE PRINT OR TYPE)

(This form must be completed by all owners, partners, associates, corporate directors, officers and managers and attached to the "Driver Training School Application for License.")

GENERAL

Name of Owner, Partner, Associate, Corporate Director, Officer or Manager			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		
							Mo.	Day	Yr.
Name of Driver Training School You Own or Manage				Address of School		No. Street		City	
Place of Birth				City		State			
Height	Weight	Color of Eyes		Color of Hair		Sex	Date of Birth		
							Mo.	Day	Yr.
Name of Spouse or Nearest Relative				Address of Spouse or Nearest Relative					

EDUCATION

Education (circle highest grade completed).																			
Grade School			High School				GED	Other	College										
1	2	3	4	5	6	7	8	9	10	11	12	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6
Have you successfully completed a course in driver education at an accredited college or university? (If answered "yes," complete the following space.)																			
<input type="checkbox"/> Yes <input type="checkbox"/> No																			
Name of College or University			Hours	Date Completed			Instructor's Name												
				Mo. Day Yr.															

EMPLOYMENT

List employment experience for last five years (most recent first—do not include current employment in a driver training school).	Name of Firm		Address of Firm		
	Kind of Work		Dates Employed		Reason for Leaving
			From	To	
	Name of Firm		Address of Firm		
	Kind of Work		Dates Employed		Reason for Leaving
			From	To	
Name of Firm		Address of Firm			
Kind of Work		Dates Employed		Reason for Leaving	
		From	To		

