

**HEAVY EQUIPMENT OPERATORS SCHOOL, INC.**  
**P.O. BOX 41358, EUGENE, OR 97404 (800) 265-7535 FAX# (541) 349-5078**  
**ENROLLMENT APPLICATION**

GENERAL INFORMATION  
PLEASE PRINT CLEARLY

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH		AGE
ADDRESS	APT#	CITY	STATE	ZIP	AREA CODE PHONE #
SOCIAL SECURITY #		DRIVER'S LICENSE#		STATE	EXP. DATE

Providing your Social Security number is voluntary. If you provide it, your number will be used for keeping records, doing research and planning. Your Social Security number will not be given to the general public. If you choose not to provide your Social Security number, you will not be denied any services provided solely under Title 1B of the Workforce Investment Act. Please read the statement of the back of the form which describes how your number will be used.

Providing your Social Security number means that you consent to use of the number in the manner described.

ENROLLMENT INFORMATION

- A. Which course:      3 Week [ ]      6 Week [ ]      CDL [ ]  
 B. Have you decided on a start date? (See class schedule) - Class Date: \_\_\_\_\_  
 C. Will you need Financial Assistance? Yes [ ] No [ ]

ENROLLMENT QUALIFICATIONS

- A. Do you have any uncorrectable vision problems?..... Yes [ ] No [ ]  
 B. Do you have any history of epilepsy, diabetes, mental illness, or any physical restrictions?.....  
     Yes [ ] No [ ]  
 C. Are you on any medication for health reason?..... Yes [ ] No [ ]  
 D. Have you ever been convicted of a felony?..... Yes [ ] No [ ]  
 E. Can you read and write the English language?..... Yes [ ] No [ ]

AGENCY FUNDING

- A. Will any of the TUITION and/or LODGING be paid by a State, Federal or other Agency?..... Yes [ ] No [ ]  
 If yes:

Name of Agency: \_\_\_\_\_

Name of Counselor: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

Phone No. of Counselor \_\_\_\_\_

I, the undersigned, have submitted this information as being true and accurate, realizing that approval or disapproval of my enrollment will be based on this application and that any misrepresentation or omission of information called for is cause for rejection. I understand that school acceptance of my enrollment will be based on this application and the information contained herein. I hereby authorize the school to investigate the information submitted on this application. I also authorize the release of pertinent information such as: name, address, phone number, grades, etc., to potential employers.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN IN PREPAID ENVELOPE OR BY FAX