



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			

