

Enrollment Application



50 Milner Street ☐ Winnipeg, Manitoba ☐ R2X 2X3

Phone: 204-958-5100

Fax: 204-958-5106

Professional Driver Training Course

Date	Year	Month	Day				
First Names					Initial		
Last Name							
Address							
Address							
City				Prov		Postal Code	
Phone				Alternate Phone			
Date of Birth	Year	Month	Day				
Drivers Lic #				Prov		Class	
# Yrs Driving		Class 1 & Airbrake Instruction Permit (Check One)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any physical handicaps or health problems that might limit your ability to drive a Class 1A vehicle? (Circle One) Yes No							
If you have answered Yes to the above question, please explain:							
Preferred Course Start Date							

*****Office Use Only*****					
Student #		Class Commencement Date	Year	Month	Day
Accepted By		Deposit Received \$		Funding	
Special Notation:					

Education and Training

Secondary School

Name of High School		Last year Attended	
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a G.E.D.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Post-Secondary School

List any University, Community College or other Post-Secondary training you have taken

Name of Institution	Course Title	Course Length	Degree or Diploma Received	Date Completed

Did you receive any Canada Student Loans for the above?

- Yes
- No

Other skills or training: _____

Languages

Spoken (Check all applicable): <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify) _____	Written (Check all applicable): <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify) _____
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Employment History

Please provide the past five years history starting with your present or most current position first

Employer				Supervisor			
Address						Phone #	
City			Prov			Postal Code	
Position				Yrs of Service			
Start Date	Year	Month	Day	End Date	Year	Month	Day
Describe Duties:							

Employer				Supervisor			
Address						Phone #	
City			Prov			Postal Code	
Position				Yrs of Service			
Start Date	Year	Month	Day	End Date	Year	Month	Day
Describe Duties:							

Employer				Supervisor			
Address						Phone #	
City			Prov			Postal Code	
Position				Yrs of Service			
Start Date	Year	Month	Day	End Date	Year	Month	Day
Describe Duties:							

References

Please list three persons who know you, other than your family or close relatives

Name	Address	City	Prov	Phone Number

The Keeper or Operator of a Private Vocational School is prohibited by law from guaranteeing a position of employment to any student or any prospective student.

I hereby certify that the facts set forth in this Application are true and complete to the best of my knowledge.

Date

Signature of Applicant

Optional Information

<p>How did you become aware of our school?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community Newspaper <input type="checkbox"/> Industry Publication <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Web Site/Internet 	<p>Recommended by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Friend <input type="checkbox"/> Past Reimer student <input type="checkbox"/> Reimer Instructor <input type="checkbox"/> Other (Please Specify) <p style="text-align: center;">_____</p>
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<p>Funding:</p> <p>Manitoba Student Financial Assistance 409-1181 Portage Ave Winnipeg, Manitoba R3G 0T3</p>	<p>Phone: (204)945-6321</p> <p>Website: www.studentaid.gov.mb.ca</p>
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