



OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

COMMERCIAL DRIVER TRAINING SCHOOL SECTION
1800 W. HAWTHORNE LN.
WEST CHICAGO, IL 60185
630-520-9310
ILSOS.GOV

Schedule 1
Personal History of Enhanced Skills Driving 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 Enhanced Skills Driving School Application for License.

Name of Owner, Partner, Associate, Corporate Director, Officer or Manager			Last	First	Middle	Date of Application			
						Month	Day	Year	
Home Street Address				City		State		ZIP Code	
Home Telephone Number		Social Security Number		Current Illinois Driver's License Number			Expiration Date		
Name of Enhanced Skills Driving School you own or manage									
School Street Address				City		State		ZIP Code	
Month		Date of Birth		Place of Birth			City		State
		Day		Year					
Height			Weight			Eye Color		Sex	
Name of Spouse or Nearest Relative					Address of Spouse or Nearest Relative				

List employment experience for the last five years with the most recent first. Do not include current employment in a driving school.

Name of Firm: _____ Address of Firm: _____

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

Name of Firm: _____ Address of Firm: _____

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

Name of Firm: _____ Address of Firm: _____

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

Please answer the following questions. All questions answered YES must be explained below.

- | | | | |
|---|--|---|--|
| 1. Have you ever been known by any other name other than the one shown on this personal history? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Have you ever been convicted of any misdemeanor other than traffic violations? | <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 | 12. Are you now involved with any charges or court proceedings relating to the matters stated in questions 2 through 11? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever been convicted of manslaughter? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Has your driver's license ever been refused, cancelled, suspended, disqualified or revoked in Illinois or any other state? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever been convicted of reckless homicide? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Has your Enhanced Skills Driving Instructor License ever been denied, cancelled, suspended or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you ever been convicted of driving under the influence of alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Do you have any financial interest in or are you employed by any automobile agency engaged in the business of selling new or used vehicles? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever been convicted of driving under the influence of drugs (illegal or prescription)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Are there any motor vehicle accident judgments against you as yet unsatisfied? | <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 personal injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have you given Enhanced Skills Driving instruction for compensation within the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have you ever been convicted of perjury or making 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 violations other than parking violations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 10. Have you ever been convicted of any crime involving moral turpitude? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please provide an explanation for any questions answered YES:

Any material change affecting the answers or statements in this schedule must be reported within 20 days to the Office of the Secretary of State, Commercial Driver Training School Section, 1800 W. Hawthorne Ln., West Chicago, IL 60185.

I hereby affirm my understanding that it is a violation of the Illinois Vehicle Code for an individual to make false application or affidavit, to swear or affirm falsely, or to display or present any documentation that is fictitious or has been unlawfully altered, for the purposes of making application for an Enhanced Skills Driving School Owner or Manager. I further affirm that all the information set forth in the foregoing schedule is true and correct. I also hereby affirm that as an owner/manager, I have been fingerprinted in accordance with the rules and regulations of the Illinois Vehicle Code.

Applicant's Signature: _____

To knowingly make a false statement or conceal a material fact in this application is a criminal offense and may result in the revocation of your Enhanced Skills Driving School License.

When you have completed this schedule, attach it to the Enhanced Skills Driving School Application for License.