

**INSTRUCTIONS** Complete all portions of this form. If a portion does not apply, write NA or NONE in the space.  
 Print all information, and use a BLACK PEN.  
 Application must be filled out in full; resumes will not be accepted.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 (Last) (First) (MI) Leave Message at: (\_\_\_\_) \_\_\_\_\_  
 Present Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
 County: \_\_\_\_\_ Email Address \_\_\_\_\_ (Years/Months)  
 Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \*Date of Birth: \_\_\_\_\_ \*The DOT requires we ask your age and that all  
 Are you a U.S. Citizen?  Yes  No **If no,** Do you have a legal right to live and work in the U.S.?  Yes  No  
 Do you have a current permit to travel outside the U.S.?  Yes  No

Have you ever previously applied for employment with a Navajo Company?  Yes  No Which one? \_\_\_\_\_  
 Where do you plan to live when you become a driver for Navajo? City \_\_\_\_\_ State \_\_\_\_\_  
 Were you referred by a Navajo Employee? Name \_\_\_\_\_ Driver # or Location \_\_\_\_\_

**DRIVING PREFERENCES** (Check all that apply)

Solo  Team - Name of Co-driver: \_\_\_\_\_  
 Long Haul  Dry Van  
 Temp Controlled

**MILITARY SERVICE RECORD**

Have you served in the Armed Forces?  Yes  No Branch:  Army  Navy  Air Force  Marines  Coast Guard  National Guard  Reserves  
 Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_  
 In the last 5 years have you been court martialled or received non-judicial punishment?  Yes  No If yes, Date(s): \_\_\_\_\_ Explain: \_\_\_\_\_  
 If discharged or active National Guard/Reserves: Person to Contact \_\_\_\_\_ Duty Phone # (\_\_\_\_) \_\_\_\_\_

**TRAINING** - List any training program presently attending or completed (truck driving schools, service schools, etc.)

School Name	City	State	(____)	Phone Number	From	To
					Mo/Day/Yr	Mo/Day/Yr

**MOTOR VEHICLE LICENSES** List all driver licenses held in the past 5 years (include multiple licenses if you have them)

State	License Number	Expiration Date	Commercial Driver's License?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Yes	No	Date (Month/Year)
While operating a commercial vehicle have you ever been convicted for driving under the influence of alcohol, a narcotic drug, marijuana, amphetamines or derivatives thereof suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>	_____
While operating a commercial vehicle have you ever been convicted of reckless driving, careless driving or careless operation of a motor vehicle, or are any charges pending?	<input type="checkbox"/>	<input type="checkbox"/>	_____
In the last 5 years have you been convicted of careless driving or careless operation of a motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	_____
In the last 5 years have you been convicted of reckless driving of a motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	_____
In the last 5 years have you been convicted for driving while under the influence of alcohol, a narcotic drug, marijuana, amphetamines or derivatives thereof, or are any charges pending?	<input type="checkbox"/>	<input type="checkbox"/>	_____
In the last 5 years have you been convicted for possession, sale or transfer of a narcotic drug, marijuana, amphetamines, or derivatives thereof, or are any charges pending?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has any license, permit, or privilege ever been suspended or revoked for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	_____

If you answered YES to any of the above, please explain: \_\_\_\_\_

**ACCIDENT RECORD** List all accident involvements with any vehicle for past 5 years (even if not at fault) (if none, write none):

Date	Commercial Vehicle?	Type of Accident	Were you at Fault?	Were you Ticketed?	Where occurred State or Country (if outside US)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PERSONAL HISTORY FOR PAST 3 YEARS**

Have you driven a vehicle (tractor-trailer, other truck, van, auto, etc.) for an employer in the last 10 years?  Yes  No

In the last 5 years have you been fired from a job?  Yes  No If yes, month and year \_\_\_\_\_.

In the last 5 years have you been denied bonding?  Yes  No

Are you presently unemployed?  Yes  No If yes, month and year unemployment began? \_\_\_\_\_

List all motor carriers employed with previous ten years and all employers for last three years.

**Previous Employers:**

Name of Company: \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Dates Employed: From (month/year) \_\_\_\_\_ To \_\_\_\_\_

Type of business: \_\_\_\_\_ Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Address (number and street): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Duties/Type of Truck: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Dates Employed: From (month/year) \_\_\_\_\_ To \_\_\_\_\_

Type of business: \_\_\_\_\_ Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Address (number and street): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Duties/Type of Truck: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Dates Employed: From (month/year) \_\_\_\_\_ To \_\_\_\_\_

Type of business: \_\_\_\_\_ Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Address (number and street): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Duties/Type of Truck: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Dates Employed: From (month/year) \_\_\_\_\_ To \_\_\_\_\_

Type of business: \_\_\_\_\_ Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Address (number and street): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Duties/Type of Truck: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Dates Employed: From (month/year) \_\_\_\_\_ To \_\_\_\_\_

Type of business: \_\_\_\_\_ Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Address (number and street): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Duties/Type of Truck: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Dates Employed: From (month/year) \_\_\_\_\_ To \_\_\_\_\_

Type of business: \_\_\_\_\_ Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Address (number and street): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Duties/Type of Truck: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Dates Employed: From (month/year) \_\_\_\_\_ To \_\_\_\_\_

Type of business: \_\_\_\_\_ Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Address (number and street): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Job Duties/Type of Truck: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**TRAFFIC CONVICTIONS** (if none, write none)

List all traffic convictions/forfeitures for the past 5 years (in any motor vehicle, other than parking violations):

Date	Location (State or Country, if outside the US)	Violation (if speeding, show rate of speed)	Penalty/Amount of fine

**RECORD OF CONVICTIONS, DEFERRED PROSECUTIONS AND PENDING CHARGES**

List **all** felonies of which you have **ever** been convicted; and all misdemeanors within the last 5 years that you have pled "guilty" to, been convicted of, had prosecution deferred in connection with, or pled "no contest to"

(if none, write "None"):

Month / Year	City / State / County / Country	Charges	Check One		Sentence
			Felony	Misd	

List all unresolved charges pending in the judicial system (if none, write "None"):

Month / Year	City / State / County / Country	Charges	Check One	
			Felony	Misd

**PHYSICAL REQUIREMENTS FOR POSITION** All applicants must meet the D.O.T. and Navajo National physical qualification requirements.

- Are you physically able, with or without a reasonable accommodation:
- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| - to operate a commercial motor vehicle for long periods of time? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| - to move freight weighing up to 50 pounds per piece frequently and up to 100 pounds per piece occasionally,<br>a distance of up to 53 feet for extended periods of time? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - to climb in and out of an over-the-road tractor, 4 to 6 feet, a minimum of 8 to 10 times per day? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| - to reach, push and/or pull above shoulder level with both arms to load and unload freight for extended periods of time? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| - to complete written logs and expense records? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| - to conduct pre-trip inspections of a tractor and trailer? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| - to fuel and perform preventative maintenance on a tractor and trailer? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**ACKNOWLEDGEMENT**

I authorize Navajo Express, Inc. (the Company) to investigate all job-related information pertaining to me. I release the Company and its representatives from any liability that may arise as a result of such investigations. I also release all other persons, corporations or organizations from any liability that may arise from providing the Company with requested job-related information. (A copy of this page serves as my authorization to seek or provide information.) I agree to sign any documents and consent forms that the Company deems necessary to verify the facts provided in the application and other documents provided to me.

I realize as a condition of employment I will be required to undergo a post offer/pre-employment medical examination and substance abuse screening at the expense of and as prescribed by the Company, and that any offer of employment is conditioned upon the successful completion of these tests. I agree to furnish such additional information and undergo any other examinations or tests, to include random alcohol and substance abuse screening tests, which may be required to complete the employment file or continue my employment with the Company if employed. Further, I release the Company, its agents or employees from any and all claims or actions arising out of such alcohol and substance abuse tests including, but not limited to, the testing procedures, the analysis or the disclosure of test results.

I understand that any offer of employment is contingent upon my ability to produce documentation verifying my identity and legal authorization to be employed, as required by Federal Law.

I understand and agree that any misrepresented, inaccurate, misleading, incomplete or omitted information provided by me in this application will be sufficient cause for cancellation of this application and/or separation from the Company's service if employed. Further, I understand that just as I am free to resign at any time, for any reason, with or without prior notice, the Company reserves the right to terminate my employment at any time, for any reason, with or without prior notice. I understand that no representative of the Company has the authority to make any verbal or written assurances to the contrary. I recognize the employment relationship to be an at will relationship and not for a specific period of time. This application represents the complete and final expression of the intent of the parties.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date: \_\_\_\_\_ Signature \_\_\_\_\_