

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: _____

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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,
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 _____

DAC ORDER FORM

Please complete the following:

PLEASE PRINT

Date: _____

SSN#: _____

First Name: _____

Last Name: _____

DOB: _____

Current Address: _____

Current City/State/Zip: _____

Current License# & State: _____

Previous Licenses' & State: _____

**Employment and Controlled Substance Inquiry to Previous Employment
Navajo: Nicole Castrovine / 1-800-525-1969 x0711 / Fax: 1-303-487-5020**

To Previous Employer:

Company Name: _____ Attn: _____

City, State: _____ Fax: _____

Phone #: _____

I authorize all my previous employers to release all information concerning my employment, including drug and alcohol information to Navajo Express and/or Digby Refrigerated (and its authorized agents) in connection with my application for employment. All parties involved shall not be held liable for the information that they furnish

***APPLICANT COMPLETE ONLY:**

Applicants Name: _____ SS#: _____

Signature: _____ Date: _____

PREVIOUS EMPLOYER ONLY: FOR NON-DRIVING POSITIONS, PLEASE ANSWER WHAT DOES APPLY TO THE POSITION.

Part A

1. The applicant lists dates of employment with your company from: _____ to: _____
Are these correct: _____ If not, please furnish correct dates from: _____ to: _____
2. What type of work did the applicant do? ___ Driver ___ Dock ___ Other- _____
3. Type of driver: ___ Company ___ O/O ___ Lease Purchase ___ Trainee ___ Other- _____
4. Areas of Operation: ___ Local ___ Regional ___ OTR ___ Other- _____
5. Type of equipment: ___ Straight Truck ___ Tractor Trailer ___ Twin Trailer ___ Other- _____
6. # of DOT recordable accidents? ___ # of preventable accidents? ___ Dates: _____
7. Reason for leaving? ___ Resigned ___ Laid off ___ Terminated ___ Other _____
8. Eligible for Rehire? ___ Yes ___ No / If no, please explain: _____

Part B

1. Was applicant subject to Federal Motor Carrier Safety Regulations while in your employ? ___ Yes ___ No
2. Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? ___ Yes ___ No

Part C

Information to be supplied by previous employer per 49 CFR Part 382.405 (f) and (h).

1. Has this person ever tested positive for a controlled substance in the last 3 years? **YES NO**
2. Has this person ever had an alcohol test BAC of .04 or greater in the last 3 years? **YES NO**
3. Has this person ever refused a required test for drugs or alcohol?
(Including adulterated or substituted sample?) **YES NO**
4. Has this person had other violations of DOT agency drug or alcohol testing Regulations? **YES NO**
5. Has this person violated any DOT drug and alcohol return-to-duty requirements
(Including follow-up testing) required successful SAP completion? **YES NO**

If **YES** to any of the above questions, please supply the name of the Substance Abuse Professional to who the driver was referred and any paperwork that applies to the instance being reported.

Completed by: _____ Title: _____ Date: _____

PLEASE RETURN WITH THE APPLICATION

**TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization**



Send to Fax # (800) 267-4093 (Manual Service)

Send to Fax # (800) 257-8069 (Database Retrieval)

USIS Customer:	
Company Name:	_____
Company Contact Name:	_____
Fax #: (_____) _____ - _____	
USIS Customer #: _____	Sub-account: _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to USIS for the purpose of USIS transmitting such records to the USIS customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes USIS with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to USIS, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____
_____	_____	_____	(_____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

PART II – CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, USIS may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, USIS clients, personal references, personal interviews and other Information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all Information in USIS's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by USIS to other parties; (ii) identification of any Suppliers utilized by USIS in compiling such Reports; and (iii) identification of any recipients of Reports furnished by USIS within the **two (2) year** period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ← Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by USIS. Pursuant to the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting USIS in person or by mail. USIS is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.
- ← Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.
- ← Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by USIS.

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize USIS to receive Information and disclose such Information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize USIS and the USIS customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release USIS and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this disclosure and authorization. I agree that Information in USIS's possession and my employment history with Customer if I am hired, may be supplied by USIS to other USIS customers for legally permissible purposes; provided, such Information will not include the Drug and Alcohol information set forth in Part I above, unless I have given a separate specific consent for USIS to share such Information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize USIS and any person or entity contacted by USIS to furnish the above-mentioned Information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

NOTE - THIS AUTHORIZATION DOES NOT APPLY TO DRUG & ALCOHOL INFO. ADDRESSED IN PART I.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____