

## **Driver's Qualification Application Instructions**

1. The information you supply on your application must be printed in ink in your own handwriting. PLEASE PRINT LEGIBLY. Read and follow all instructions carefully.
2. Fill in all blanks except for those marked "For Office Use Only."
3. If a particular question does not apply to you, put N/A (not applicable) in the blank. Do not leave any questions blank.
4. VERY IMPORTANT! The section entitled "**Employment Record**" must be completed correctly. You Must list all employers, schools, military service, and all periods of self-employment or unemployment for 10 full years. Dates, phone numbers, and addresses must be correct with no gaps in employment history.
5. In the section entitled "**Driver's License,**" list all licenses held in the past 5 years. In the section entitled "**Traffic Convictions and Forfeitures**" and "**Accident Record,**" list all tickets and forfeitures and all accidents for the past five years. List all accidents regardless of fault, severity, or motor vehicle type, be it personal vehicle or business vehicle. We will check your motor vehicle report for the past five years, so please be accurate.
6. The page 6 request For Employment Information Form section of this Driver Qualification form must be only **signed and dated**. Our office staff will complete the balance of the form.
7. Be sure to **sign and date the Application at the bottom of page 5**.
8. You will be required to successfully pass a D.O.T. physical and drug screen.

To speed up the application process, please included COPIES of the following documents.  
**PLEASE DO NOT INCLUDE ORIGINAL DOCUMENTS.**

1. CDL \*required prior to employment
2. Motor Vehicle report (driving record).
3. Accident report (if accident occurred in the last 5 years.)
4. DD214 (For employment verification, if prior military service within the past 10 years.)
5. School certificate and transcripts (if attended in the past 3 years.)
6. Verification of unemployment (pay records or professional references\*)
7. Verification of self-employment (par records of professional references\*)
8. W-2 forms (if employed by a company that has gone out of business.)

\*Professional references: Doctor, Attorney, Minister, Judge, etc.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Mail Application To: -- Navigator MotorCoaches, Inc.  
P O Box 2244, Norfolk NE 68702 Phone: 402-371-1202 Fax: 402-371-1018

## **Driver's Qualification Application Instructions**

***Please print in ink in your own handwriting***

*Note: Please answer all questions. If the answer to any is "NO" or "NONE," Do not leave the item blank, write "NO" or "NONE." The application will not be considered unless complete.*

Driver Qualification Status Applied For (Omaha\*Kearney\*Norfolk\*Sioux City)

Company Driver List closest terminal from list above \_\_\_\_\_

Owner-Operator Individual or business name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_

Contractor-Driver Name of employing contractor \_\_\_\_\_  
Contractor's address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Applicant's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
(Please include a copy of your license with your application)

Applicant's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Present Address:  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long There? Months \_\_\_\_ Years \_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

In case of Emergency Notify: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name Address

Email Address: \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No

If you are a resident alien, please give your alien number from your Resident Alien Card, Form I-551

\_\_\_\_\_

Have you ever applied to be qualified as a driver by Navigator MotorCoaches, Inc.?  Yes  No

If so, when \_\_\_\_\_

How did you first learn of Navigator?  Friend  Relative  Newspaper Ad  Other Driver \_\_\_\_\_

### **PLEASE READ CAREFULLY**

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No
- B. Has your motor vehicle operator's license, permit, or privilege ever been suspended or revoked?  Yes  No
- C. Have you ever been disqualified from driving a motor vehicle under the D.O.T. regulations?  Yes  No
- D. Have you ever been convicted for driving under the influence of alcohol or drugs?  Yes  No
- E. Have you ever been convicted for possession, sale, or use of narcotic drugs, amphetamines, or a derivative?  Yes  No
- F. Have you ever been convicted of a serious traffic violation, such as careless or reckless driving or willful reckless driving, etc.?  
 Yes  No
- G. Have you, within the two (2) years preceding the date of this application:
- 1) Undergone an alcohol test in which a concentration of 0.04 or greater has been indicated?  Yes  No
  - 2) Undergone a controlled substance test in which a positive result has been verified?  Yes  No
  - 3) Refused to undergo either an alcohol or controlled substance test?  Yes  No

*If yes, please provide details. (In no case will any test result for alcohol or drugs be used to infer that you are an alcoholic or drug addict.)*

**If you answered "Yes" to any of these questions, please provide details on a separate sheet of paper.**

**EMPLOYMENT**

Begin with your present or most recent job and work backward in order including full-time and part-time work. All time must be accounted for, including military service, self employment, and periods of unemployment. Use supplementary sheet if necessary.

**CURRENT EMPLOYER**

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip  
Type of Equipment Driven: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**SECOND LAST EMPLOYER**

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip  
Type of Equipment Driven: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**THIRD LAST EMPLOYER**

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip  
Type of Equipment Driven: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**FOURTH LAST EMPLOYER**

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip  
Type of Equipment Driven: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**FIFTH LAST EMPLOYER**

From: \_\_\_\_\_ To: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip  
Type of Equipment Driven: \_\_\_\_\_ Position Held: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**ADDITIONAL INFORMATION**

*List any addresses you have maintained during the past three years other than your present address:*

1. Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_  
2. Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_  
3. Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

**EDUCATION/TRAINING**

List driver training courses or driving schools attended:

1. \_\_\_\_\_ Date Completed: \_\_\_\_\_  
2. \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Can you read English? ^ Yes ^ No Speak English? ^ Yes ^ No Write English? ^ Yes ^ No

**DRIVERS LICENSE: LIST ALL DRIVERS LICENSES HELD IN PAST FIVE YEARS.**

**NOTE:** Holders of a Commercial Drivers license must not have an air brake restriction and must have the Hazardous Materials Endorsement.

State \_\_\_\_\_ License Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsements \_\_\_\_\_ Expiration Date \_\_\_\_\_  
State \_\_\_\_\_ License Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsements \_\_\_\_\_ Expiration Date \_\_\_\_\_  
State \_\_\_\_\_ License Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsements \_\_\_\_\_ Expiration Date \_\_\_\_\_  
State \_\_\_\_\_ License Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsements \_\_\_\_\_ Expiration Date \_\_\_\_\_

**TRAFFIC CONVICTONS AND FORFEITURES: LIST FOR PAST FIVE YEARS.**

Includes On-Duty or Off-Duty and while in personal vehicle (other than parking violations.) If none, write NONE.

Date \_\_\_\_\_ Location (City) \_\_\_\_\_ Charge – if speeding, how fast? \_\_\_\_\_ Penalty \_\_\_\_\_  
Date \_\_\_\_\_ Location (City) \_\_\_\_\_ Charge – if speeding, how fast? \_\_\_\_\_ Penalty \_\_\_\_\_  
Date \_\_\_\_\_ Location (City) \_\_\_\_\_ Charge – if speeding, how fast? \_\_\_\_\_ Penalty \_\_\_\_\_  
Date \_\_\_\_\_ Location (City) \_\_\_\_\_ Charge – if speeding, how fast? \_\_\_\_\_ Penalty \_\_\_\_\_

**ACCIDENT RECORD**

List all involvement with truck and car including property damage for past five years. Both preventable and non-preventable. If none, write NONE.

1. Date \_\_\_\_\_ Type of Vehicle \_\_\_\_\_ Nature of Accident (Head on, Rear end, etc.) \_\_\_\_\_  
Preventable or Non-Preventable \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_ Amount of Property Damage \_\_\_\_\_  
City/State \_\_\_\_\_ Employer \_\_\_\_\_  
2. Date \_\_\_\_\_ Type of Vehicle \_\_\_\_\_ Nature of Accident (Head on, Rear end, etc.) \_\_\_\_\_  
Preventable or Non-Preventable \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_ Amount of Property Damage \_\_\_\_\_  
City/State \_\_\_\_\_ Employer \_\_\_\_\_  
3. Date \_\_\_\_\_ Type of Vehicle \_\_\_\_\_ Nature of Accident (Head on, Rear end, etc.) \_\_\_\_\_  
Preventable or Non-Preventable \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_ Amount of Property Damage \_\_\_\_\_  
City/State \_\_\_\_\_ Employer \_\_\_\_\_

**PHYSICAL CONDITION**

Do you have a current D.O.T. physical certificate? ^ Yes ^ No In yes, please provide.

Name of Doctor \_\_\_\_\_ Address \_\_\_\_\_ Exam Date \_\_\_\_\_

Are you physically capable of heavy manual work that may be required in the loading and unloading of passenger luggage and related equipment with or without accommodation? ^ Yes ^ No If accommodation is required, please explain: \_\_\_\_\_

\_\_\_\_\_

**GENERAL DRIVING RECORD**

To date, I have driven trucks/passenger buses for \_\_\_\_\_ years, covering approximately \_\_\_\_\_ miles.

The date of my last accident while driving a commercial vehicle was \_\_\_\_\_.

Since that time, I have driven approximately \_\_\_\_\_ accident free miles. During the last three years, in what states have you driven regularly? \_\_\_\_\_

**SAFE DRIVING AWARDS, ETC.**

Date \_\_\_\_\_ Kind of Award \_\_\_\_\_ Presented by \_\_\_\_\_ Employer \_\_\_\_\_ In Recognition of \_\_\_\_\_

Date \_\_\_\_\_ Kind of Award \_\_\_\_\_ Presented by \_\_\_\_\_ Employer \_\_\_\_\_ In Recognition of \_\_\_\_\_

Date \_\_\_\_\_ Kind of Award \_\_\_\_\_ Presented by \_\_\_\_\_ Employer \_\_\_\_\_ In Recognition of \_\_\_\_\_

**PERSONAL REFERENCES (PLEASE LIST THREE PERSONAL REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS.)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**APPLICANT MUST READ AND SIGN**

I hereby acknowledge that, prior to submitting this application, I have been informed that the information provide herein may be used, and that my references and prior employers may be contacted, for the purpose of investigating my background. I hereby authorize Navigator MotorCoaches, Inc., hereafter the "Company" to investigate all statements in this application and to secure any necessary information from any of my references, prior employers, or other sources identified herein. I hereby release the "Company" and any of my references, prior employers, or other sources identified herein from any and all liability arising from their giving or receiving information about me or my driving record or employment history. I hereby authorize any law enforcement agency or court of record to furnish the "Company" information concerning my motor vehicle records, or any felony or misdemeanors of which I have been convicted. I understand that any false or misleading statements in this application will be sufficient cause for rejection of my application if the "Company" has not already qualified me as a driver and for immediate disqualification if it has qualified me as a driver. If this application is for qualification as a Company Driver, I agree that the "Company" is not obligated to employ me. I further agree that, if I am employed as a Company Driver, I have the right to terminate my employment at any time for any reason and that the "Company" has the same right. Any false, misleading or incomplete statement of the information requested in this application will be sufficient grounds for discharge from employment as a Company Driver. 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. This driver qualification application, if complete, will be processed within fourteen (14) days after it is received by the "Company." Any applicant wishing to be qualified as a driver beyond this time period should inquire as to whether or not applications are being accepted at that time. I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification file.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE PRECEDING STATEMENT.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

**Request For Employment Information – Navigator MotorCoaches, Inc.**  
**P O Box 2244, Norfolk NE 68702 Phone: 402-371-1202 Fax: 402-371-1018**

Applicant: Please complete and sign only the top section of this form.

Applicant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**AUTHORIZATION AND CONSENT**

**Alcohol and Controlled Substance Testing:** I hereby **authorize** *Navigator MotorCoaches Inc.* to obtain from my prior employers information on me during the 2 years preceding the date of this application regarding alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test results, and refusals to be tested. I hereby **authorize and consent** to the release of such information by my prior employers to *Navigator MotorCoaches Inc.* in personal interviews, telephone interviews, letters, or any other method insuring confidentiality. I hereby **authorize** all previous employers to release such information to any employee of *Navigator MotorCoaches Inc.* whose duties require them to assess this application or to make any recommendations or decisions with respect to it.

**Employment References:** I hereby **authorize** my prior employers to provide *Navigator MotorCoaches, Inc.* with all information regarding my performance, character and conduct while in their employ and I hereby **release** my prior employers from any liability for providing such information.

Date: \_\_\_\_\_ Applicant Sign Here: \_\_\_\_\_

**This Section To Be Filled Out By Office Personal Only**

**To Former Employer:** Please give the following information about this applicant. It will be held in strict confidence.

Name of Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Period of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Position Held \_\_\_\_\_  
Driver  Yes  No  Part-time  Full Time  Company Driver  Owner-Operator  Driver for Owner-Operator  
**Equipment:**  Tractor Trailer  Van  Reefer  Tank  Flat Bed  Other

List States in which applicant drove regularly \_\_\_\_\_

List type of commodities applicant hauled \_\_\_\_\_

**Logs:** Did applicant have any log problems?  Yes  No If yes, describe: \_\_\_\_\_

**Accidents:** Total Number \_\_\_\_\_ Preventable \_\_\_\_\_ Non-Preventable \_\_\_\_\_

Dates and description \_\_\_\_\_

**Tickets:**  Yes  No If yes, please describe \_\_\_\_\_

**License Suspension:**  Yes  No If yes, please describe \_\_\_\_\_

What license did applicant have? Class: \_\_\_\_\_

Why did applicant leave your employment? \_\_\_\_\_

Is applicant eligible for rehire?  Yes  No If no, explain why? \_\_\_\_\_

How many tractors did your company operate when applicant was with your company? \_\_\_\_\_

Are your tractors leased to anyone?  Yes  No If yes, who? \_\_\_\_\_

What companies did applicant show working for prior to your company? \_\_\_\_\_

**Alcohol and Controlled Substance Test Results:**

Has this person ever tested positive for a controlled substance in the last two years?  Yes  No

Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the past 2 years?  Yes  No

Has this person ever refused a required test for drugs or alcohol in the last 2 years?  Yes  No

If yes, please provide details: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Signature of person supplying information \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of person requesting information \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_