



**BRAVO
MOTOR CARRIERS INC.**
7218 Clinton Drive, Houston Texas 77020 USA
(281) 768-8843 - FAX (281) 768-8846
www.bravomotors.com

Date of Application: _____

Applicants Name: _____
First Middle Last

Applicants Address: _____
How Long

City State Zip

Previous Address: _____
How Long

Date of Birth _____ Social Security _____ CDL# _____

Telephone Number: _____ Cell Number: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. Generally, inquiries regarding medical history will be made only if and after a conclusion offer of employment has been extended. I hereby release employers, schools, health care providers and other persons all liability in responding to inquiries and releasing information and connection with my application in the event of employment, I understand that the false or misleading information given in my application for interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and religion of the company.

I understand that information I provided regarding current and/or previous employers may be used, and those employer (s) I will be contacted for the purpose of investigating my safety performance history as required by 49CFR 391.23 (d) and (e). I understand that I have the right to:

- * Review information provided by previous employer:
- * Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer: And
- * Have a rebuttal statement attached to the alleged erroneous information, if the previous employer (s) and I can not agree on the accuracy of the information

Signature of Applicant: _____ Date: _____

Have you ever been convicted of a misdemeanor or felony? _____
If yes please explain fully. Conviction of a crime is not an automatic bar to employment, All circumstances
will be considered. _____

Emergency contact: _____ Phone: _____

Relationship: _____

Previous Employment

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the past three years. List complete mailing address, Street name, city, state and zip code. Applicants to drive a commercial motor vehicle in intrastate and interstate commerce shall also provide additional seven years information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

Current Employer:

Company _____ Contact Person _____ Contact Phone _____

Address _____ City _____ State and Zip _____

Position Held _____ From _____ To _____

Reason for leaving _____

Were you subject to the FMCSRs+ while employed: _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and Alcohol testing requirements of 49CFR Part 40?: _____ Yes _____ No

Next

Company _____ Contact Person _____ Contact Phone _____

Address _____ City _____ State and Zip _____

Position Held _____ From _____ To _____

Reason for leaving _____

Were you subject to the FMCSRs+ while employed: _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40?: _____ Yes _____ No

Company _____ Contact Person _____ Contact Phone _____

Address _____ City _____ State and Zip _____

Position Held _____ From _____ To _____

Reason for leaving _____

Were you subject to the FMCSRs+ while employed: _____ Yes _____ No

Was your job designated as a safety -sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40?: _____ Yes _____ No

Company _____ Contact Person _____ Contact Phone _____

Address _____ City _____ State and Zip _____

Position Held _____ From _____ To _____

Reason for leaving _____

Were you subject to the FMCSRs+ while employed: _____ Yes _____ No

Was your job designated as a safety -sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40?: _____ Yes _____ No

Company _____ Contact Person _____ Contact Phone _____

Address _____ City _____ State and Zip _____

Position Held _____ From _____ To _____

Reason for leaving _____

Were you subject to the FMCSRs+ while employed: _____ Yes _____ No

Was your job designated as a safety -sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40?: _____ Yes _____ No

Company _____ Contact Person _____ Contact Phone _____

Address _____ City _____ State and Zip _____

Position Held _____ From _____ To _____

Reason for leaving _____

Were you subject to the FMCSRs+ while employed: _____ Yes _____ No

Was your job designated as a safety -sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40?: _____ Yes _____ No

Experience and Qualifications driver

License Number	State	Expiration Date
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License Number	State	Expiration Date
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DRIVING EXPERIENCE

Type of equipment	Years of Experience	Miles Driven
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ACCIDENT RECORD

Accident Dates	Type of accident	Fatalities	Injuries
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

TRAFFIC CONVICTIONS

Location	Date	Charge
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___

B. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

If the answer to either A or B is yes, Give details: _____

