



Bravo Logistics LLC
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An Equal Opportunity Employer

DRIVER EMPLOYMENT APPLICATION
 COMPLETE IN FULL OR THE APPLICATION WILL NOT BE CONSIDERED.

APPLICANT INFORMATION

First Name Middle Name Last Name
 Phone Email
 Date of Birth Social Security Number
 Application Date Position Applied for Date available to work
 Do you have the legal right to work in the United States? Y N

Education

	Name & Location	Course of Study	Years Completed	Graduated	Details
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y N	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y N	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y N	<input type="text"/>

PREVIOUS THREE YEARS RESIDENCY

	Street Address	City	State	Zipcode	Years at Address
Current	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

License Information

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

State	License #	Type/Class	Endorsements	Exp Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previously Held Licenses

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Driving Experience

Class of Equipment	Type of Equipment(Van, Tank, Flat, Etc.)	Date from	Date to	Approx # Total Miles
Straight Truck	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor & Semi-trailer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor & Two Trailers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor & Tanker	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Accident Record for the Last Three Years

Attach additional sheet if more space is needed.

Dates (recent first)	Nature of Accident (Head-on, rear-end, upset, etc.)	# Fatalities	# Injuries	Chemical Spill
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y N

DRIVER EMPLOYMENT APPLICATION CONTINUED

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TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed.

Date Convicted (Month/Year)	Violation	State of Violation	Penalty (Forfeited bond, collateral or points)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Y N

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked? Y N

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information

Current (most recent employer)

Phone

Name

Address

Position Held From (Month & Year) To (Month & Year)

Reason for leaving Salary

Explain any gaps in month/year & reason)

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Y N

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? Y N

Second (most recent employer)

Phone

Name

Address

Position Held From (Month & Year) To (Month & Year)

Reason for leaving Salary

Explain any gaps in employment (include month/year & reason)

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Y N

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? Y N

DRIVER EMPLOYMENT APPLICATION CONTINUED

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EMPLOYMENT HISTORY CONTINUED

Third (most recent employer)

Phone

Name

Address

Position Held

From (Month & Year)

To (Month & Year)

Reason for leaving

Salary

Explain any gaps in employment (include month/year & reason)

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? Y N

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? Y N

OTHER QUALIFICATIONS AND CERTIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history and other related matters as may be necessary in arriving at an employment decision, including the necessary agencies needed to verify my driving record (PSP, MVR) and previous drug history (FMCSA Clearinghouse). I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all the rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers maybe used, and those employer(s) will be contacted for the purpose of investigation my safety performance history as required by 49 CFR 391.23. I understand I have the right to:

- Review information provided by current/prior employers.
- Have errors in 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 cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Your **DIGITAL SIGNATURE** is required or you can download the pdf, fill in the form using Adobe Acrobat Reader (free download), sign, print, mail OR email to (recruiting@bravologisticsllc.com) Bravo Logistics LLC.

SUBMIT