



Services, Inc.

111 SW Mustang
Andrews, Texas 79714

**FOR OFFICE USE ONLY:
COMMERCIAL DRIVER
REGULAR DRIVER
NON-DRIVER**

BRAVE SERVICES INC. APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED

Applicant Information

POSITION APPLYING FOR: _____ Today's Date _____

DATE AVAILABLE: _____ SALARY DESIRED: \$ _____

FULL NAME: _____ Date of Birth: _____
(First) (Middle) (Last) mm/dd/yy

PHONE #: () - _____ EMAIL: _____ SOCIAL SECURITY #: - -

List your addresses of residency for the past 3 years:

Current Address: _____ How Long? _____
(Street) (Apt/unit #) yr./mo.

(City) (State, zip code)

Previous Addresses:

_____ How Long? _____
(Street) (City) (State, zip code) yr./mo.

_____ How Long? _____
(Street) (City) (State, zip code) yr./mo.

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THIS COMPANY? YES NO IF YES, WHEN? _____

Emergency Contact

List 2 Emergency Contacts:

FULL NAME: _____ Phone#: _____
(First) (Middle) (Last)

Email: _____ Relationship to you: _____

FULL NAME: _____ Phone#: _____
(First) (Middle) (Last)

Email: _____ Relationship to you: _____

EDUCATION HISTORY

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Driving History Non-Commercial

Driver License #: _____ State: _____ Expiration Date: _____

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

Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked? Yes No

If yes to either question, explain: _____

COMMERCIAL DRIVERS ONLY all other applicants proceed to page 4

Driving History

Driver's License Information: all license held, for the last 3 years:

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

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

Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked? Yes No

If the answer to either of the above questions is yes, give details:

COMMERCIAL DRIVING EXPERIENCE YES NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR-THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
OTHER _____				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE:

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

All applicants, Non-commercial and commercial must complete this section.

Previous Employment

Commercial driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 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.)

Company: _____ Contact Person: _____

Address: _____ PHONE #: (____) _____ - _____

Position Held: _____

From: _____ To: _____ Ending Salary: \$ _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES NO

Were you subject to 49 CFR controlled substance and alcohol testing during this period? YES NO

Company: _____ Contact Person: _____

Address: _____ PHONE #: (____) _____ - _____

Position Held: _____

From: _____ To: _____ Ending Salary: \$ _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES NO

Were you subject to 49 CFR controlled substance and alcohol testing during this period? YES NO

Company: _____ Contact Person: _____

Address: _____ PHONE #: (____) _____ - _____

Position Held: _____

From: _____ To: _____ Ending Salary: \$ _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES NO

Were you subject to 49 CFR controlled substance and alcohol testing during this period? YES NO

Company: _____ Contact Person: _____

Address: _____ PHONE #: () - _____

Position Held: _____

From: _____ To: _____ Ending Salary: \$ _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES NO

Were you subject to 49 CFR controlled substance and alcohol testing during this period? YES NO

Company: _____ Contact Person: _____

Address: _____ PHONE #: () - _____

Position Held: _____

From: _____ To: _____ Ending Salary: \$ _____

Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? YES NO

Were you subject to 49 CFR controlled substance and alcohol testing during this period? YES NO

References

List three professional references:

NAME: _____ Company: _____ Relationship: _____

Address: _____ PHONE #: () - _____

NAME: _____ Company: _____ Relationship: _____

Address: _____ PHONE #: () - _____

NAME: _____ Company: _____ Relationship: _____

Address: _____ PHONE #: () - _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

TO BE COMPLETED BY THE EMPLOYER

Application received by:

Name

Title

Date

SIGNIFICANT DATES:

DATE OF HIRE: _____

DATE OF NEW HIRE ORIENTATION: _____

DATE FIRST USED IN SAFETY SENSITIVE POSITION: _____

DATE OF TERMINATION: _____