



# BRAVO FREIGHT LLC

## DRIVER APPLICATION FORM

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

TWIC?: (Circle) YES NO If no, are you eligible for one? \_\_\_\_\_

Medical Card: (Circle) YES NO Will you be able to pass a drug test? \_\_\_\_\_

Driving violations within the past 5 years?: (Circle) YES NO Year(s)? \_\_\_\_\_

Trucking Experience?: (Circle) YES NO

Company: \_\_\_\_\_ Role: \_\_\_\_\_

Dates employed: \_\_\_\_\_ Reason for termination? \_\_\_\_\_

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Dates employed: \_\_\_\_\_ Reason for termination? \_\_\_\_\_

Availability: M-F: \_\_\_\_\_ Sat-Sun: \_\_\_\_\_ When are you available to start? \_\_\_\_\_

Why should we hire you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit you application to BRAVOEXPRESS27@GMAIL.COM  
After you submit an application please look out for an email to set up an interview.

|                          |                           |
|--------------------------|---------------------------|
| _____<br><b>Initials</b> | _____<br><b>Signature</b> |
|--------------------------|---------------------------|