



**Cavalier Produce**  
170 Ferncliff Drive, Louisa, VA 23093  
434-296-9105

## CSR - Driver Supplement Form Application for Employment

Print clearly and complete entire form. Return in person, via fax (434-234-4773) or email to [hrm@cavalierproduce.com](mailto:hrm@cavalierproduce.com).

Date: \_\_\_\_\_ Name: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

\_\_\_\_\_ Attached is a complete, recent copy of my DMV report. I understand that it will be sent to the auto insurance provider to review for insurability.

\_\_\_\_\_ I do not have a recent copy of my DMV report now, but it can be obtained upon request. Once submitted to Cavalier Produce, I understand that it will be sent to the auto insurance provider to review for insurability.

I have a CDL License: \_\_\_\_\_ Yes (Class: \_\_\_\_\_) \_\_\_\_\_ No

**CDL Driver applicants only to complete questions in box below, otherwise continue to Driving History.**

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
Street City, State & Zip

Have you lived at the above address 3 years or more? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please list all previous addresses you have resided at during the 3 years before today's date.  
(Attach additional sheets if necessary.)

Address \_\_\_\_\_  
Street City, State & Zip

Address \_\_\_\_\_  
Street City, State & Zip

### DRIVING HISTORY

#1 Company you drove for: \_\_\_\_\_

Location of Company. City: \_\_\_\_\_ State: \_\_\_\_\_

Amount of time you were employed as a Driver: \_\_\_\_\_ Years \_\_\_\_\_ Months

Type of vehicle / truck driven: \_\_\_\_\_

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

#2 Company you drove for: \_\_\_\_\_

Location of Company. City: \_\_\_\_\_ State: \_\_\_\_\_

Amount of Time you were employed as a Driver: \_\_\_\_\_ Years \_\_\_\_\_ Months

Type of vehicle / truck driven: \_\_\_\_\_

**ACCIDENT HISTORY**

Have you been involved in a vehicle accident in the 3 years before today's date? \_\_\_\_\_ Yes \_\_\_\_\_ No

#1 Date of Accident: \_\_\_\_\_ Any Fatalities (deaths) or Personal Injuries? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explanation: \_\_\_\_\_  
\_\_\_\_\_

#2 Date of Accident: \_\_\_\_\_ Any Fatalities (deaths) or Personal Injuries? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explanation: \_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if additional accidents to report.)

**VIOLATION CONVICTIONS HISTORY**

Have you had a vehicle law violation conviction in the 3 years before today's date? \_\_\_\_\_ Yes \_\_\_\_\_ No

#1 Date of Violation: \_\_\_\_\_ Any Fatalities (deaths) or Personal Injuries? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explanation: \_\_\_\_\_  
\_\_\_\_\_

#2 Date of Violation: \_\_\_\_\_ Any Fatalities (deaths) or Personal Injuries? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explanation: \_\_\_\_\_  
\_\_\_\_\_

**LOSS OF PRIVILEGE TO DRIVE**

Have you ever been denied a license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your license ever been revoked or suspended? \_\_\_\_\_ No \_\_\_\_\_ Yes, Revoked \_\_\_\_\_ Yes, Suspended

If you answered YES to either of the questions above, please list the facts & circumstances of the incident(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Cavalier Produce

## CSR - Driver Supplement Form to Application for Employment

### Applicant Statement

I certify that this application has been completed by me and that all the information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service whenever it may be discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired. I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I also understand that if I am hired. I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Additional Understanding for those applying or being considered for CDL Driving positions:

I understand that all information provided on the Application for Employment and this CSR – Driver Supplement Form to the Application for Employment, are in accordance with paragraph (b) (10) of the Federal Motor Carrier Regulation 391.21. I understand that the information may be used, and that my previous employers will be contacted, for the purpose of investigating my safety performance history information as required by paragraphs (d) and (e) of the Federal Motor Carrier Regulation of Reg. 391.23.

Your due process rights as specified in 391.23 regarding information received as a result of these investigations are:

1. The right to review information provided by previous employers;
2. The right to have errors in the information corrected by the previous employer and for the previous employer to re-send the corrected information to Cavalier Produce;
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you can't agree on the accuracy of the information.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing statement.

**Signature of  
Applicant**

**Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_