CAVALIER TRANSPORT INC.

Spotsylvania, VA 22551
571-243-5086 | USDOT 3193540

DRIVER APPLICATION FOR EMPLOYMENT

Answer all questions. Type into the shaded boxes or print clearly. Attach additional sheets if more space is needed.

How to apply
Fill out this application, sign every signature line, and email it with a copy of your driver's license to brandon@cavaliertransport.com. Prefer not to email your Social Security number? Leave it blank and call 571-243-5086 to provide it by phone.

1. Applicant to Complete

Position applied for:

Full name (Last, First, Middle):

Social Security No.: **Date of birth:**

Phone: **Email:**

Current address (Street, City, State, ZIP):

Home phone: **How long at this address?**

Previous addresses (past 3 years):

Previous address 1 (Street, City, State, ZIP) / How long:

Previous address 2 (Street, City, State, ZIP) / How long:

Legal right to work in the U.S.? Yes No Currently employed? Yes No

Who referred you to Cavalier Transport?

Tell us about any trucking, transportation, or other experience that may help in your work for this company:

2. Driver's License

License No.: **State:** **Class:** **Endorsements:**

Please send a copy of your driver's license with this application so we can run your MVR.

A. 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 YES to either, give details:

3. Driver Safety & Qualifications

Accident record — past 3 years (if none, write NONE):

Date	Nature of accident (head-on, rear-end, etc.)	Fatalities	Injuries	Who was at fault

Traffic violations — past 3 years (if none, write NONE):

Date	Location	Charge	Penalty

4. Driving Experience

For each type of equipment you have operated, enter the type (van, tank, flat, dump, reefer), dates, and approximate miles.

Class of equipment	Type (van/tank/flat/dump/reefer)	From (M/Y)	To (M/Y)	Approx. miles
Straight truck				
Tractor & semi-trailer				
Tractor — two trailers				
Tractor — three trailers				
Other:				

5. Employment History

List employers for the past 3 years. For CDL driving experience, you must list the previous 10 years. Start with your most recent employer and work backward. Attach additional sheets as needed.

As required by the U.S. DOT (49 CFR 391.23), your previous DOT-regulated employers may be contacted to investigate your safety performance history. You have the right to review and rebut that information.

Employer 1

Company name:

Phone: **Contact person:**

Address (Street, City, State, ZIP):

Position held: **Reason for leaving:**

Dates From: **To:**

Subject to FMCSRs while employed? ☐ Yes ☐ No

Safety-sensitive function under DOT drug & alcohol testing (49 CFR Part 40)? ☐ Yes ☐ No

Employer 2

Company name:

Phone: **Contact person:**

Address (Street, City, State, ZIP):

Position held: **Reason for leaving:**

Dates From: **To:**

Subject to FMCSRs while employed? Yes No

Safety-sensitive function under DOT drug & alcohol testing (49 CFR Part 40)? Yes No

Employer 3

Company name:

Phone: **Contact person:**

Address (Street, City, State, ZIP):

Position held: **Reason for leaving:**

Dates From: **To:**

Subject to FMCSRs while employed? Yes No

Safety-sensitive function under DOT drug & alcohol testing (49 CFR Part 40)? Yes No

6. PSP (Pre-Employment Screening Program) Authorization

In connection with your application, Cavalier Transport may obtain your driving and safety-inspection history from the Federal Motor Carrier Safety Administration (FMCSA) through the Pre-Employment Screening Program (PSP). The PSP report includes crash data from the previous five years and inspection history from the previous three years. The PSP report does not assign or imply fault. Cavalier Transport cannot obtain this report without your authorization.

I authorize Cavalier Transport to access the FMCSA PSP system to seek information about my commercial driving safety record and safety-inspection history. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov.

Date:

Applicant signature (type full name or sign by hand)

7. FMCSA Drug & Alcohol Clearinghouse — Limited Query Consent

I consent to Cavalier Transport conducting limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists. Cavalier Transport will query before I perform safety-sensitive functions and at least annually thereafter (49 CFR Part 382 Subpart G). If a limited query shows that violation information exists, FMCSA will not release it to Cavalier Transport without my further specific consent. If I refuse consent, Cavalier Transport must prohibit me from performing safety-sensitive functions. This consent is valid for 5 years from the date signed.

Date:

Applicant signature (type full name or sign by hand)

8. Applicant Certification

I certify that this application was completed by me and that all entries and information in it are true and complete to the best of my knowledge. I understand that any false statement or omission may be grounds for refusal to hire or for discharge, whenever discovered. I authorize all persons, schools, employers, and agencies named in this application to release information about me. Nothing in this application shall be construed as an offer of employment.

Date:

Applicant signature (type full name or sign by hand)

FOR OFFICE USE ONLY — Cavalier Transport

Date received: _____ MVR: ☐ PSP: ☐ Clearinghouse: ☐ Reviewed by: _____

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BACKGROUND CHECK DISCLOSURE

Fair Credit Reporting Act — stand-alone disclosure

Cavalier Transport may obtain a consumer report and/or an investigative consumer report about you for employment purposes, as permitted under the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq. Such a report may include information about your character, general reputation, criminal history, credit history, motor vehicle/driving records, DOT drug and alcohol testing results, Social Security verification, and verification of education and employment history.

You have the right, upon written request made within a reasonable time, to request disclosure of the nature and scope of any investigative consumer report, and to receive a copy of any report obtained.

Authorization

I authorize Cavalier Transport and its designated agent, Clear House (screening company), to obtain the reports described above, now and (if I am hired) throughout my employment, to the extent permitted by law. A copy or electronic version of this authorization is as valid as the original.

Printed name: _____ **SSN:** _____ **DOB:** _____

_____ **Date:** _____

Applicant signature (type full name or sign by hand)