



Main Office: 51796 Lovejoy Drive Middlebury IN 46540, Phone 855-825-8755 Fax 877-574-2503

## WELCOME PACKAGE

### DRIVER REQUIREMENTS

- Must be at least 23 years old
- Complete 10-year work history with a minimum 2 years **verifiable** trailer pulling experience
- Valid driver's license that allows you to transport a commercial load with a total combined weight of 26,000 lbs.
- Current DOT physical or commercial medical – Certain conditions may make you ineligible to drive in the U.S. If you are unsure of a condition, please let us know. *(Canadian CDL holders are exempt from this requirement)*
- Clean or minimally flawed driver's abstract *(eligibility determined by structured point system)*
  - No record of driving under the influence of drugs or alcohol
  - No more than 1 at-fault accident and no more than 3 moving violations in the last 3 years

### TRUCK REQUIREMENTS

- A ¾ ton or 1 ton diesel truck
- 16,000lb or larger fifth wheel hitch and a 10,000lb or larger solid shank ball mount with a 2 in. and 2 5/16 in. ball
- Truck registration for at least 26,000 lbs
- Commercial insurance policy for \$500,000 minimum
- Annual Commercial Safety inspection or CVIP
- Mud flaps no higher than 4in off the ground when loaded
- Class 24 12v Deep Cycle Marine Battery
- ¼ in coupler pin to lock the TT hitch in place
- Ratchet straps (1 inch) to secure battery
- Carabiner or D-ring to attach the breakaway cable to the truck
- Fire Extinguisher - Class 5B:C mounted in the cab in a readily accessible area
- Emergency triangles/flares - minimum of 3
- No bed rails, headache racks, and auxiliary fuel tanks must not extend higher than the bed of the truck
- NO Window tint on front driver door, passenger door, or windshield
- Tow mirrors that extend wider than the trailer
- 7 way tester

## **RECOMMENDED ADDITIONAL SUPPLIES**

- Auxiliary fuel tank that extends no higher than 2in above the bed
- Load distribution bars
- Spare fuses
- Tire chains - not required but some western states require possession of this equipment during certain months of the year.

After reviewing the requirements, in order to continue the process of becoming an independent contractor with Team RV Express, you will need to complete the following application and supporting documents. These can be sent to our recruiters at their contact info listed below. Please note that upon approval of your application, we will need pictures of your equipment and copies of your documents.

[join@teamrvexpress.com](mailto:join@teamrvexpress.com)

Ph. 855-825-8755

## **REQUIREMENTS NEEDED BEFORE ORIENTATION**

- Application
- Certification of Violations/Annual Review
- Safety Performance History Records Request
- Pre-Employment Screening Program Authorization
- Commitment to Safety
- Truck Information Sheet
- Driver's License
- Passport/Enhanced Driver's License
- Abstract
- DOT Physical/Commercial Medical
- Annual Commercial Safety Inspection/CVIP
- Truck Registration
- Commercial Insurance
- Truck Requirements - additional equipment



§391.21

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**APPLICANT INFORMATION**

FIRST NAME	MIDDLE NAME	LAST NAME
PHONE	EMAIL	
DATE OF BIRTH	SOCIAL SECURITY/SOCIAL INSURANCE #	
POSITION APPLIED FOR	DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States?      YES      NO

**PREVIOUS THREE YEARS RESIDENCY**

*Attach additional sheet if more space needed*

	STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

**LICENSE INFORMATION**

No person who operates a commercial motor vehicle shall at any time have more than one driver's license §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/PROVINCE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

**PREVIOUSLY HELD LICENSES**


**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATE FROM (mm/yy)	DATE TO (mm/yy)	APPROX # OF MILES/ KILOMETERS (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

*Attach additional sheet if more space is needed. Check this box if none*

DATES (mm/yy) - List most recent first	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	HAZMAT (Y/N)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)**

*Attach additional sheet if more space is needed. Check this box if none*

DATE CONVICTED (mm/yy)	VIOLATION	STATE/PROVINCE OF VIOLATION	PENALTY (Forfeited bond, collateral, and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES                      NO  
 If yes, explain: \_\_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked? YES                      NO  
 If yes, explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

§391.21 requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driver 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**

<b>NAME</b>				<b>PHONE</b>	
<b>ADDRESS</b>					
<b>POSITION HELD</b>		<b>FROM (mm/yy)</b>		<b>TO (mm/yy)</b>	
<b>REASON FOR LEAVING</b>				<b>SALARY</b>	
<b>EXPLAIN ANY GAPS IN EMPLOYMENT</b> (include month/year & reason)					

While employed here, were you subject to FMCSR? YES                      NO

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substances testing as required by §40.25? YES                      NO

**SECOND (MOST RECENT) EMPLOYER**

<b>NAME</b>				<b>PHONE</b>	
<b>ADDRESS</b>					
<b>POSITION HELD</b>		<b>FROM (mm/yy)</b>		<b>TO (mm/yy)</b>	
<b>REASON FOR LEAVING</b>				<b>SALARY</b>	
<b>EXPLAIN ANY GAPS IN EMPLOYMENT</b> (include month/year & reason)					

While employed here, were you subject to FMCSR? YES                      NO

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substances testing as required by §40.25? YES                      NO

**THIRD (MOST RECENT) EMPLOYER**

<b>NAME</b>				<b>PHONE</b>	
<b>ADDRESS</b>					
<b>POSITION HELD</b>		<b>FROM (mm/yy)</b>		<b>TO (mm/yy)</b>	
<b>REASON FOR LEAVING</b>				<b>SALARY</b>	
<b>EXPLAIN ANY GAPS IN EMPLOYMENT</b> (include month/year & reason)					

While employed here, were you subject to FMCSR? YES                      NO

Was the job designated as a safety-sensitive function in any DOT-regulated mode subject to alcohol and controlled substances testing as required by §40.25? YES                      NO

**EDUCATION**

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
HIGH SCHOOL						
COLLEGE						
OTHER						

**OTHER QUALIFICATIONS**

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. 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 rules and regulation of the Company.

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

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employers; 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 the information in it are true and complete to the best of my knowledge. I have disclosed any medical condition that may prevent or interfere with my ability to safely perform any required duty. Note: Team RV Express, LLC reserves the right to refuse or terminate employment if, upon arrival or anytime thereafter, it is determined you are unable to safely and effectively perform duties because of a physical or mental impairment that was not previously disclosed.

<b>APPLICANT SIGNATURE</b>		<b>DATE</b>	
<b>APPLICANT NAME (printed)</b>			



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## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

Carrier Name: Team RV Express, LLC

In accordance with the provisions of §604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record for the past 3 years may be obtained on you for employment purposes. These reports are required by §382.413, §391.25 of the Federal Motor Carrier Safety Administration regulations.

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. §§ 1681 et seq., the Company is providing this notice that the Company may obtain a consumer report (including, but not limited to, an investigative consumer report (which may involve personal interviews with sources such as neighbors, friends or associates), credit history, driving history, educational background, military record, and criminal records) concerning you for employment purposes and in conjunction with either your application for employment and/or decisions concerning your employment status with the Company.

### AUTHORIZATION

I hereby authorize Team RV Express, LLC to obtain a consumer report and/or investigative consumer report concerning me for employment and/or decisions concerning my employment status with Team RV Express.

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND ACKNOWLEDGE RECEIPT OF THIS DISCLOSURE AND AUTHORIZATION AND THAT YOU HAVE AUTHORIZED THE PROCUREMENT OF THE CONSUMER REPORT DISCUSSED ABOVE.**

\_\_\_\_\_  
NAME OF APPLICANT (PRINTED)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY/INSURANCE #

\_\_\_\_\_  
DRIVER'S LICENSE # STATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



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# ACKNOWLEDGEMENT OF RECEIPT OF SUBSTANCE ABUSE POLICY AND EFFECTS OF DRUG AND ALCOHOL ABUSE PAMPHLET FOR TEAM RV EXPRESS, LLC

I acknowledge that I have received a copy of the DOT Drug and Alcohol Policy and Effects of Drug and Alcohol Abuse Pamphlet for TEAM RV EXPRESS, LLC.

I understand that it is my responsibility to read the policy in its entirety.

I understand that as an independent contractor for TEAM RV EXPRESS, LLC, I am required to abide by the rules and regulations established by this policy, and that I am subject to consequences if I violate the policy.

I understand the policy may change to comply with federal and state laws, and that I may obtain a current copy of the policy at any time during business hours from TEAM RV's Designated Employer Representative (DER).

I understand that if I have any questions about this policy, or if I need assistance or resources related to alcohol and/or drug-related issues or problems, I may take those questions and concerns to TEAM RV's DER without fear of consequences or retribution.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY/INSURANCE #

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF TEAM RV'S DER

*INSTRUCTIONS:* DOT requires all DOT-covered contractors to sign this acknowledgement form. The original of this form will be attained in TEAM RV's driver file in compliance with FMCSA regulations.

Any contractor who refuses to sign this acknowledgement form is disqualified from providing a safety-sensitive function for TEAM RV EXPRESS, LLC.



**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with TEAM RV EXPRESS, LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize TEAM RV EXPRESS, LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME (Please Print)





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**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**SECTION 1:**

**TO BE COMPLETED BY APPLICANT**

I, (Print Name) \_\_\_\_\_  
 First, \_\_\_\_\_ M.I., \_\_\_\_\_ Last \_\_\_\_\_ Social Security/Social Insurance Number \_\_\_\_\_  
 \_\_\_\_\_  
 hereby authorize: \_\_\_\_\_  
 \_\_\_\_\_  
 Date Of Birth \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_  
 \_\_\_\_\_  
 (date of application)

To  
 Prospective Employer: Team RV Express, LLC  
 Attention: Compliance & Safety Manager Phone: (574) 825-0090  
 Street: 51796 Lovejoy Dr.  
 City, State, Zip: Middlebury, IN 46540

In compliance with §40.25(g) and §391.23(h), release of this information must be made in written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: (877) 574-2503  
 Prospective employer's confidential email address: comp@teamrvexpress.com

\_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This information is being requested in compliance with §40.25 and §391.23.

**SECTION 2:**

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

The applicant named above was employed by us. YES  NO   
 Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

Did he/she drive motor vehicle for you? YES  NO  If yes, what type?  Straight Truck  Tractor-Semitrailer  
 Bus  Cargo Tank  Doubles/Triple  Other(Specify) \_\_\_\_\_

If there is no safety performance history to report, check here , sign below and return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here , if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



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## COMMITMENT TO SAFETY

On behalf of Team RV Express, we pledge to supervise our fleet with safety as the main consideration. We will never ask you to operate a vehicle in violation of any safety standards. Realizing the safe operation of our fleet is a joint responsibility, we ask that you read and sign the safety commitment below.

I pledge to myself and to Team RV Express, LLC, a total commitment to maintain an accident free driving record, and total compliance with the Federal Motor Carrier Safety Regulations. I will obey all speed limits and govern my driving habits in accordance with weather and traffic conditions. When I get behind the wheel of my vehicle, I will think SAFETY before turning the key. If the commitment is not there, I will not turn the key.

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Driver's Signature

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Date

---

Safety Compliance Manager's Signature

---

Date



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## Truck Info Sheet

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Tire:           Single                   Dually

Serial Number/VIN \_\_\_\_\_

License Plate \_\_\_\_\_ License Plate State/Province \_\_\_\_\_

Minimum 16,000lb Fifth Wheel?       **Yes**               **No**

Minimum 10,000lb Bumper Pull Hitch?   **Yes**               **No**

Truck Weight \_\_\_\_\_ Registered Weight \_\_\_\_\_

### Please check which items you currently have:

- DOT Physical/Commercial Medical
- Commercial Insurance Policy
- Commercial Safety inspection/CVIP
- Mud flaps/Rock Tamers
- Class 24 12v Deep Cycle Marine Battery
- ¼" Coupler Pin
- 1" Ratchet Straps
- Carabiner or D- Ring
- Mounted Fire Extinguisher
- Emergency Triangles/Flares
- Tow Mirrors
- 7 Way Tester
- Auxiliary Fuel Tank
- Load Distribution Bars
- Spare Fuses



# FAX

Attach this cover sheet when faxing over your completed documentation.

Please fill out **From, Fax, Phone, No. Pages,** and **Date.**

TO:	Recruiter	FROM:	
FAX:	877-574-2503	FAX:	
NO. PAGES:		PHONE:	
SUBJECT:	Recruiting Documents	DATE:	

COMMENTS: