



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

APPLICATION

DRIVER REQUIREMENTS

- Must be a minimum of 23 years old and not yet 70
- Valid driver's license
- Current DOT physical or commercial medical (*Canadian CDL holders are exempt from this requirement*)
- MVR/Drivers Abstract that shows:
 - No more than 1 at-fault accident and no more than 2 moving violations in the last 3 years
- Passport/Vaccination Card if crossing USA/CDA border

TRUCK REQUIREMENTS

- A ¾ ton or 1 ton diesel truck
- 10,000lbs or larger solid shaft ball mount hitch with 2 5/16" & 2" balls
- 16K or larger 5th wheel hitch by 5th load if not already equipped
- Truck registration for at least 26,000 lbs/ 11,000kg+
- Your vehicle is properly insured for physical damage
- Annual Commercial Vehicle Safety Inspection or CVIP
- Mud flaps no higher than 4in off the ground when loaded covering width of tires
- Class 24 12v Deep Cycle Marine Battery
- ¼ in coupler pin to lock a TT hitch in place
- Ratchet straps (1 inch) to secure battery
- Carabineer or D-ring to attach the breakaway cable to the truck
- Fire extinguisher - Class 5B:C mounted in cab and readily accessible
- Emergency triangles or flares - 3 minimum
- No bed side rails or headache racks
- Front windows and windshield can not have more than 30% tint
- Tow mirrors

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.
- 7 Way Plug Tester

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 provide 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

Ph. 855-825-8755

REQUIREMENTS NEEDED BEFORE ORIENTATION

- Application
- Driver's License
- Passport/Enhanced Driver's License
- 3-year driving record - MVR or Abstract
- DOT Physical/Commercial Medical
- Annual Commercial Safety Inspection/CVIP
- Truck Registration



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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	

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 driven 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

NAME		PHONE	
ADDRESS			
POSITION HELD		FROM (mm/yy)	TO (mm/yy)
REASON FOR LEAVING		SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)			
While employed here, were you subject to FMCSR?		<input type="checkbox"/> YES	<input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECOND (MOST RECENT) EMPLOYER

NAME		PHONE	
ADDRESS			
POSITION HELD		FROM (mm/yy)	TO (mm/yy)
REASON FOR LEAVING		SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)			
While employed here, were you subject to FMCSR?		<input type="checkbox"/> YES	<input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

THIRD (MOST RECENT) EMPLOYER

NAME		PHONE	
ADDRESS			
POSITION HELD		FROM (mm/yy)	TO (mm/yy)
REASON FOR LEAVING		SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (include month/year & reason)			
While employed here, were you subject to FMCSR?		<input type="checkbox"/> YES	<input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
HIGH SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>	
COLLEGE				<input type="checkbox"/>	<input type="checkbox"/>	
OTHER				<input type="checkbox"/>	<input type="checkbox"/>	

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.

APPLICANT SIGNATURE		DATE	
APPLICANT NAME (printed)			



FAX

Attach this cover sheet IF 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: