

FUNDIS COMPANY
d.b.a. NEVCAL TRUCKING

Location:
2180 Kleppe Lane
Sparks, Nevada 89431

(775) 331-7200
(775) 331-7800 Fax

Mailing:
P. O. Box 7378
Reno, Nevada 89510

Minimum Driving Standards

- Must meet all Federal Motor Carrier Safety Regulations.
- Must have a valid CDL for the state which you reside.
- Must be at least 24 years old, with two years experience in the operation of tractor/trailer equipment.
- Must have NO serious traffic violations in the last 3 years.
- Reckless/Careless Driving.
 - Driving while intoxicated or under the influence of drugs.
 - Hit and run, leaving the scene of an accident, failure to report an accident.
 - Excessive speeding (citation deferred to Section A of this page).
 - No current license suspension/revocation.
 - No preventable accidents involving a fatality, bodily injuries treated away from the accident scene, or disabling damage to a motor vehicle.

SECTION A:

No more than one excessive speeding violation of 15 mph or more over the posted limit with a maximum of 70 mph. No more than 5 moving violations in the last 3 years and no more than 2 moving violations in the last 12 months.

FUNDIS COMPANY PULLS CONTAINER/CHASSIS – NEVADA/CALIFORNIA

10 YEAR EMPLOYMENT HISTORY MANDATORY

ATTENTION APPLICANT: Information supplied on the application relative to previous employers may be used and previous employers contacted.

DATE: _____ **SIGNATURE:** _____

FUNDIS COMPANY D.B.A.
NEVCAL TRUCKING

Notice to Driver Applicants
Controlled Substances Testing Requirement

NevCal Trucking has a vital interest in maintaining safe, healthful, and efficient working conditions for our customers, the public, and our drivers. Using or being under the influence of alcohol and/or controlled substances on the job may pose serious safety and health risks not only for the user, but to all those who work with the user. The possession, use, or sale of alcohol or an illegal controlled substance poses unacceptable risks to safe, healthful, and efficient operations.

To meet this compelling interest, and in compliance with the Department of Transportation's Alcohol and Controlled Substance Testing Requirements (49 CFR Part 382) drivers who wish to be considered for employment must agree to SUBMIT TO PRE-EMPLOYMENT CONTROLLED SUBSTANCE TESTING.

By completing and signing this Notice and the attached Application of Employment, the driver applicant understands and agrees to submit to pre-employment controlled substances testing as provided for in NevCal Trucking's Alcohol and Controlled Substances Policy.

ANY DRIVER APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH NEVCAL TRUCKING. Refusal of a driver applicant to agree to controlled substances testing at this time does not preclude applying for employment with NevCal Trucking at some future date.

Signature of Applicant: _____ Date: _____

FUNDIS COMPANY D.B.A.
NEVCAL TRUCKING

Driver Pre-Employment Controlled Substances Statement

I, _____, certify that I have not tested positive or refused to test on any pre-employment controlled substances test administered by a past employer in which I applied for but did not obtain a safety-sensitive transportation work covered by the Department of Transportation's Alcohol and Controlled Substances Testing Rules during the past two years from the date of my employment application with NevCal Trucking.

Signature of Driver: _____ Date: _____

Witness: _____ Date: _____

This authorization is valid until revoked in writing by the above stated driver.

-DRIVER NOTICE-

IF THE DRIVER APPLICANT HAS HAD A POSITIVE PRE-EMPLOYMENT CONTROLLED SUBSTANCES TEST OR REFUSAL TO TEST DURING THE PAST TWO YEARS FROM THE DATE OF THIS EMPLOYMENT APPLICATION WITH NEVCAL TRUCKING, DO NOT SIGN THIS FORM.

NEVCAL TRUCKING WILL NOT EMPLOY A DRIVER TO PERFORM SAFETY-SENSITIVE FUNCTIONS UNTIL AND UNLESS THE DRIVER DOCUMENTS SUCCESSFUL COMPLETION OF THE RETURN TO DUTY PROCESS AS OUTLINED IN THE D.O.T. REGULATIONS. DRIVER VERIFICATION OF THE COMPLETION OF THE RETURN TO DUTY PROCESS MUST BE SUBMITTED TO THE NEVCAL TRUCKING DESIGNATED EMPLOYER REPRESENTATIVE TO BE CONSIDERED ELIGIBLE FOR EMPLOYMENT.

DRIVER APPLICATION FORM

FUNDIS COMPANY d.b.a. NEVCAL TRUCKING

2180 Kleppe Lane, Sparks, NV 89431 Ph. (775)331-7200 Fax (775) 331-7800

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connections 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 understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; 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 situation."

Signature _____ Date _____

NAME _____		_____		_____	
Last		First		Middle	
()					
Social Security Number _____		Phone Number _____		Date of Birth _____	
Street _____		City _____		State _____ Zip _____	
PAST 3 YEARS _____		_____		_____	
Street _____		City _____		State _____ Zip _____	
RESIDENCY _____		_____		_____	
Street _____		City _____		State _____ Zip _____	
				Number of Years _____	
				Number of Years _____	
				Number of Years _____	

Employment History

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address: street number and name, city, state, and zip code. (Use Additional History Information form if necessary)

CURRENT OR LAST EMPLOYER: Name _____ Phone Number () _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?
 Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason _____

SECOND LAST EMPLOYER: Name _____ Phone Number () _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?
 Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason _____

THIRD LAST EMPLOYER: Name _____ Phone Number () _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(month/year) (month/year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?
 Yes No

*ACCOUNT FOR PERIOD BETWEEN JOBS- Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size as is used to transport hazardous materials in a quantity requiring placarding.

Military Record

Service Branch: _____ Served From: _____ to _____

Rank at Discharge: _____ Reserve Status: _____

Duties and/or Special Training: _____

Applicant Certification

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with _____ (“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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize _____ (“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 consenting to 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.

3. 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 am challenging 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.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

LAST UPDATED 10/29/2012