



Acknowledgment of Employer/Employee Relationship

California Vanpool Authority

1340 North Drive
Hanford, CA 93230
Main: 559-852-2711
Toll Free: 866-655-5444
Fax: 559-587-0714

www.calvans.org

I acknowledge that my employee, \_\_\_\_\_ has or will be entering into an agreement with CalVans to drive a vanpool for the purpose of transporting themselves and other employees to and from work. It is our understanding that the above employee falls under one of the following categories and will petition accordingly.

- 1. This employee is a volunteer driver and not employed as a crew leader or supervisor. They will manage the vanpool as a volunteer driver and will not be involved in any MSPA (Migrant and Seasonal Agricultural Worker Protection Act) activities.
2. This employee is a registered Farm Labor Contractor (orange card) and will also apply as a Farm Labor Contractor Employee (FLCE) under our current FLC certificate and provide proof of the amendment to CalVans as part of this agreement.
3. This employee is a driver/raitero and crew leader/supervisor and works for multiple farm labor contractors throughout the season.
4. This employee was asked to drive a CalVans vanpool vehicle for a Farm Labor Contractor (FLC). This employee is a crew leader/supervisor involved in MSPA activities only on behalf of my FLC.

Employer

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_

Contact individual: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If an FLC:

Fed FLC Holder Name: \_\_\_\_\_ State FLC Holder Name: \_\_\_\_\_

Fed FLC Certification # (if available): \_\_\_\_\_ State FLC Certification # (if available): \_\_\_\_\_

(Representative Printed Name)

(Signature)

(Date)

CalVans Driver for Van #: ( )

(Driver Printed Name)

(Signature)

(Date)

For information on completing this form, please contact the following:

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