



Pasha Distribution Services LLC
Application for Employment
 500 West Elm, Lebanon, MO 65536
 Fax: (417) 532-9815

Date:

Personal Information

First Name: Last Name:
 Phone: Email:
 Current Address:
 Previous Addresses (past 3 years):
 1.
 2.
 3.
 Social Security Number: Have you been employed by PDS before? Yes No
 If yes, when? (from) (to)

Employment History (past 10 years)

Previous Employer: Phone:
 Position Held: Final Pay Rate:
 Dates Held: (from) (to)
 Were you subject to the Federal Motor Carrier Safety Regulations? Yes No
 Was the job designated as a "Safety Sensitive Function" in any DOT Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40? Yes No
 Reason for leaving:
 Trailer Experience: Vans (years) Flats (years) Dumps (years) Bulk (years) Car Hauler (years) Other (years)
 Tractor Experience: Tractor (years) Straight Truck (years) Combination Vehicle (years) Other (years)

Previous Employer: Phone:
 Position Held: Final Pay Rate:
 Dates Held: (from) (to)
 Were you subject to the Federal Motor Carrier Safety Regulations? Yes No
 Was the job designated as a "Safety Sensitive Function" in any DOT Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40? Yes No
 Reason for leaving:
 Trailer Experience: Vans (years) Flats (years) Dumps (years) Bulk (years) Car Hauler (years) Other (years)
 Tractor Experience: Tractor (years) Straight Truck (years) Combination Vehicle (years) Other (years)

Employment History (Continued)

Previous Employer: Phone:

Position Held: Final Pay Rate:

Dates Held: (from) (to)

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

Was the job designated as a "Safety Sensitive Function" in any DOT Regulated mode subject to Drug and Alcohol testing requirements by 49 CFR Part 40? Yes No

Reason for leaving:

Trailer Experience: Vans (years) Flats (years) Dumps (years) Bulk (years) Car Hauler (years) Other (years)

Tractor Experience: Tractor (years) Straight Truck (years) Combination Vehicle (years) Other (years)

Driving History

Current Drivers License

State: License #: Type: Exp:

Previous Drivers License

State: License #: Type: Exp:

Has any license permit or privilege ever been suspended or revoked? Yes No

If you answered "yes", please explain:

Accidents

Please describe all motor vehicle accidents in which you were involved during the 3 years preceding the date of this application. Specify the date and nature of each accident and any fatalities or personal injuries.

Please check this box if you have been involved in more that 3 accidents in the past 3 years.

Incident #1

Incident #2

Incident #3

Traffic Convictions

Please list all traffic convictions over the past three (3) years (other than parking violations)

Date:

Location:

Offense:

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Criminal Convictions

Note: A criminal conviction is not necessarily an absolute bar to employment. Have you...

- A. Ever been convicted of a felony? Yes No
- B. Ever been convicted of a misdemeanor? Yes No
- C. Ever been convicted of a DUI? Yes No
- D. Ever been convicted of drug use? Yes No
- E. Forfeited bond or collateral in the past 3 years? Yes No

If you answered "Yes" to A, B, C, D, or E, please complete the following:

Date:

Date:

Date:

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Location:

Location:

Location:

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Offense:

Offense:

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Explanation:

Explanation:

Explanation:

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Military Status

Have you served in the Military in the past 10 years? Yes No

If you answered "yes", please complete the following:

Branch:

Dates: (from)

(to)

Safety Performance History Records Request Form

You are hereby given written notification of your rights in regard to Safety Performance History.

- A. The right to review information provided by previous employers
- B. The right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer
- C. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Name:

SSN:

Date:

I authorize you a DOT Regulated Employer or Non Regulated employer for whom I have worked in the past 3 years, to release information to Pasha Distribution Services for purposes of investigation as required by Sections 391 and 382 of the Federal Motor Carrier Regulations. You are released from any and all liability which may result from furnishing such information.

Signature:

Previous Employer:

Contact Name:

Phone Number:

Fax Number:

Employment Verification TO BE COMPLETED BY PREVIOUS EMPLOYER

This above individual has made an application to this company and states that you employed him as a:

(from) (to)

Please provide exact title and dates of employment:

Title:

(from)

(to)

Accident History:

Date

Type

Reserve/Actual Cost

Tractor Trailer Straight Truck

Tractor Trailer Straight Truck

Tractor Trailer Straight Truck

Comments:

Reason for Separation:

Quit Discharge Layoff

Eligible for rehire?

Yes No

Alcohol and Drug Test Information TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here, sign below and return

Under DOT testing requirements, in the past 3 years

1. Has this person had an alcohol test with a result of 0.04 or higher concentration? Yes No
2. Has this person had a verified positive drug test? Yes No
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? Yes No
4. Has this person committed other violations of DOT agency drug and alcohol regulations? Yes No
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements including follow-up tests? Yes No

Name:

Date:

Signature:

IMPORTANT NOTICE
Regarding Background Reports from the *PSP Online Service*

In connection with your application for employment with Pasha Distribution Services ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). 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. 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:

I authorize Pasha Distribution Services ("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.

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.

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: _____

DOB: _____
Date of Birth

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT solely for use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.

Application Statement and Acknowledgement

By signing this form, you (the applicant) acknowledge that you have read and agree to the following:

- You affirmatively consent to signing the application electronically;
- You have the right to have a copy of this application in paper form;
- You have the right to withdraw your consent to fill out this electronic application, and understand that, upon doing so, any portion of this electronic application already completed by you will be discarded, and its legal effect terminated;
- Your electronic signature applies only to this electronic application;
- If you wish to withdraw your consent to the electronic application you must call our office at (636) 387-4341, or send an email to pdsjobs@pashanet.com and state your name and that you wish to withdraw your electronic application;
- You can access the information submitted in the electronic application by contacting Pasha Distribution Services either via phone: (636) 387-4341 or by emailing Pasha at pdsjobs@pashanet.com;
- After electronically signing the application you can make one (1) request to Pasha to obtain one (1) copy of the electronically completed and signed application without incurring any fee or charge;
- In order to access and complete the online application you will need Adobe® Reader installed on your computer and access to the Internet;
- You affirmatively consent to this electronic application by signing in the signature field at the bottom of the form. To do this, please type your full name in the signature field and place your initials in the initials box next to it. Faxed and mailed applications need to have the applicant's signature;
- A copy of your electronic application will be retained for one (1) year for later reference by Pasha and yourself at your request;
- After your application is electronically signed and submitted to Pasha, Pasha will acknowledge receipt of the application in writing^[1].

Signature: Initials: Date:

Please Print and Sign

[1] Title 15 U.S. Code Chapter 96 Subchapter I Section 7001.