

POWERSOURCE TRANSPORTATION, INC.

2023 N. LAFAYETTE COURT. GRIFFITH, IN. 46319
Phone 800-368-8789 Fax 219-972-8599

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Soc. Sec. No.: _____ Date of Birth: ____ / ____ / ____

Home Phone #: _____ Cell-Phone #: _____

Email Address: _____

Emergency Contact

In case of emergency notify: _____

Telephone# _____ Relationship: _____

Address: _____

DRIVING INFORMATION

Tractor Information

Titled Owner: _____

Make: _____ Year: _____ Wheelbase: _____ Wt.: _____

Commercial Driver's License Information

License # _____ Type: _____ State _____ / _____
(A, B, or C) Exp Date

Endorsements: Double/Triple Trailers
 Tank Vehicles

Hazardous Materials
 Passenger Vehicles

Has your CDL ever been suspended or revoked? Yes No

If yes, please explain _____

Have you ever driven for this company before? Yes No

If yes, when ____/____

How did you hear about us? _____

Driving Experience

Equipment Class	Type of Trailer (Van, Reefer, Tank, Flatbed, etc)	From	To	States Driven
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Straight Truck _____

Tractor & Semi-Trailer _____

Other _____

Accidents

Please list all motor vehicle accidents in which you were involved during the past 3 years prior to application date. (If none, write none)

Date	What Happened?	Fatalities	# Injuries	Fault?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Traffic Convictions/Forfeitures

Please list all traffic convictions and/or forfeitures for the last 3 years (other than parking).

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a felony? Yes No Date: _____

If yes, please explain: _____

Have you ever been convicted of a misdemeanor? Yes No Date: _____

If yes, please explain _____

Have you ever tested positive on a drug and/ or alcohol test? Yes No

Refused any drug or alcohol testing? Yes No

If yes, please explain _____

Have you completed the DOT SAP requirements? Yes No

Please list the SAP you were treated by: _____

Do you have any DUI or DWI's in the past 5 years? Yes No Date: _____

EDUCATION

Please circle the highest grade completed: High School: 9 10 11 12 College: 1 2 3 4

Other training: _____

Have you received any safety awards or special training?

Do you have full knowledge of the Federal Motor Carrier Safety Regulations? Yes No

WORK EXPERIENCE

In accordance with part 391.21 & 23 of the Federal Motor Carrier Safety Regulations, an applicant must list all previous work experience for the 10 years prior to the above application date. PLEASE LIST MOST RECENT FIRST!

May we contact your current employer? Yes No

Organization Name: _____ From: _____ To: _____

Address: _____ City: _____ State: _____

Supervisor Name: _____ Phone: _____

Position Held: _____ Reason for leaving: _____

Were you subject to the FMCSRs 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 49CFR part 40? Yes No

Organization Name: _____ From: _____ To: _____

Address: _____ City: _____ State: _____

Supervisor Name: _____ Phone: _____

Position Held: _____ Reason for leaving: _____

Were you subject to the FMCSRs 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 49CFR part 40? Yes No

Organization Name: _____ From: _____ To: _____

Address: _____ City: _____ State: _____

Supervisor Name: _____ Phone: _____

Position Held: _____ Reason for leaving: _____

Were you subject to the FMCSRs 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 49CFR part 40? Yes No

Organization Name: _____ From: _____ To: _____

Address: _____ City: _____ State: _____

Supervisor Name: _____ Phone: _____

Position Held: _____ Reason for leaving: _____

Were you subject to the FMCSRs 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 49CFR part 40? Yes No

If more room is needed please use a separate sheet of paper and attach it to the application.

POWERSOURCE TRANSPORTATION, INC.

DRIVER NOTIFICATION AND RELEASE

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 connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Signature _____ Date _____

Driver Applicant only

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 (a) and (e). I understand that I have the right to:

- Review information provided by 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
- 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

Signature _____ Date _____

The US Department of Transportation requires that driver applicants state their date of birth (§391.21(b) (2)).

Date of Birth: _____
Month / Day / Year

Powersource Transportation, Inc.
2023 N. Lafayette Ct. Griffith, IN 46319
(219) 972-8789 Office (219) 972-8539 Fax

I, _____ (social security #) ____/____/____

Date of Birth: ____/____/____ hereby authorize:

Previous Employer's Name: _____

Address: _____ City: _____ State: _____

To release and forward any and all information concerning my employment as required by **§391.23** of the **FMCSR**.
By signing this authorization I understand that this form will be copied and sent to multiple employers as part of the hiring process and I authorize these employers to provide **Powersource Transportation, Inc.** with the requested information.

The person identified above is seeking qualification as an owner operator and is subject to the alcohol/controlled substances testing provisions of **FMCSR 49 CFR Part 40**. Pursuant to **49 CFR 382.413** with the written consent, we request the results of related testing of this individual while in your control.

Applicant's Signature: _____ **Date:** ____/____/____

For office use only-Do not write in this space

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Period of Employment: ____/____ to ____/____; ____/____ to ____/____

Type of Equipment Driven: ____ Tractor Trailer ____ Straight ____ Other _____

Type of Equipment Pulled: ____ Van ____ Flat Bed ____ Reefer ____ Other: _____

Commodities Hauled: _____

States Ran: _____

Reason for Leaving: _____ Would you rehire: _____

Accidents: ____ Preventable ____ Non-Preventable

Details: _____

Under DOT testing requirements in the last three (3) years:

1. Has this person had an alcohol test with a result of .04 or higher? ____ Yes ____ No
2. Has this person had a verified positive drug test? ____ Yes ____ No
3. Has this person ever refused a drug/alcohol test? ____ Yes ____ No
4. Has this person committed other violations of DOT agency drug/alcohol testing regulations? ____ Yes ____ No

In answering these questions, include any required DOT drug or alcohol testing information obtained from previous employers in the last three (3) years.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

Signature of person completing this form: _____

Title: _____ Date: _____

Must complete with application:

Name: _____ SS Number: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Name on Title: _____ Name on W-9: _____

Federal ID#: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact

In case of emergency notify: _____

Telephone# _____ Relationship: _____

License Information

CDL #: _____ State Issued: _____

Expiration Date: _____ Physical Expiration Date: _____

Endorsements: Double/Triple Trailers Hazardous Materials
 Tank Vehicles Passenger Vehicles

Tractor Information

Year: _____ Make: _____ VIN Number: _____ Weight (full tanks): _____

Purchase Price: _____ Date of Purchase: _____

Expiration date on Annual Inspection: _____

Equipment: Headache Rack Air Ride # of straps: _____
 Long slide Light Bar
 Pintle hook Ball hitch # of chains: _____
 Electric brakes

Official Use Only

Code: _____ Unit #: _____

Date Hired: _____

Base Plate #: _____ Transport Plate #: _____

Wheel Base: _____ 5th Wheel Height: _____

Kingpin to Cab: _____ Kingpin to Rear: _____

Axle 1 to 2: _____ Tire Size: _____

Pinnacle

Leasing

INC

PO BOX 406

GRIFFITH, IN 46319

Applicant's Last Name First Name MI

Telephone Number Social Security Number DOB

Current Street Address City State Zip Code How long at this address?

Do you rent or own? If rent, landlord's name and address If own, mortgage company's name and address?

Previous Street Address City State Zip Code How long at this address?

Did you rent or own at the previous address? If rent, landlord's name and address If own, mortgage company's name and address?

Please list name, address, and telephone number of the nearest relative not living with you.

Banking Information

Bank Name City State Zip Code

Checking Account Number Balance

Savings Account Number Balance

Credit Information (List all outstanding debts. Please use separate sheet if more than 3 creditors.)

Bank/Creditor Current Balance Monthly Payment Maturity

- 1.
- 2.
- 3.
- 4.
- 5.

Assets

Description (Property, Auto) Value Any Liens? Y/N Lien holder Balance

- 1.
- 2.
- 3.
- 4.

Additional Information If yes to any of the following questions, please explain on separate sheet.

Do you have any claims or lawsuits pending? ___ Yes ___ No
Are any State or Federal Income Taxes delinquent? ___ Yes ___ No
Have you had any bankruptcies or judgments? ___ Yes ___ No

Signatures

The information on this application is true and correct. The undersigned acknowledges that Pinnacle Leasing, Inc. is relying on the information contained herein in deciding whether or not to extend credit. The undersigned authorized Pinnacle Leasing, Inc. to check references, verify employment and obtain consumer credit reports.

Date

Signature

Print Name

**CONSUMER REPORT DISCLOSURE & RELEASE
(EMPLOYMENT)
DISCLOSURE**

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P. O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
- Minnesota Applicants Only: I request a copy of any consumer report requested on me.

RELEASE

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

_____	_____
Print Applicant Name	Applicant Signature
_____	_____
Social Security Number	Date

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by USIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at USIS in person, by mail, or by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I request to receive a free copy of any investigative consumer report ordered on me by checking this box.
 (California applicants only)