

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.

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

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: _____

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.

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: _____

**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)