**Confidential**
**Pinnacle Airlines, Inc.**
**Applicant Information Release**

Applicant's Name _____
Last First MI

Current Address _____
Street City State Zip

Social Security Number_____ Date of Birth _____

Driver's License Number _____ State _____

Former Names _____

| Previous Address (10 Years) | City/State | County/Zip Code | Dates (month/year) |
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I, the undersigned applicant, hereby authorize Pinnacle Airlines, Inc. to now, or any time while I am employed to conduct a verification of my education, previous employment/work history, contact my personal references, or obtain any criminal history record information pertaining to me which may be in any Federal, State, or local criminal justice agency, and/or other information as deemed necessary to fulfill the job requirements. I also consent to a Motor Vehicle Report and/or drug test if required for employment. I hereby authorize all such persons, organizations, and agencies to release said information to Pinnacle Airlines, Inc. and Mark Lipman Division of Guardsmark Inc.

The results of this verification process will be used to determine employment eligibility under Pinnacle Airlines, Inc. employment policies. I authorize Mark Lipman's division of Guardsmark to disclose orally and/or in writing the results of this verification process and/or interview to the designed authorized representatives of Pinnacle Airlines, Inc.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements may be considered cause for dismissal

Signature _____ Date _____

Privacy Act Notice

Authority: The authority for collecting this information is 49 U.S.C. 114, "Transportation Security Administration," and 49 U.S.C. 44936, "Employment Investigations and Restrictions."

Purpose: This information is needed to verify your identity and to retrieve your criminal history record to evaluate your suitability for access to airport sterile areas and security identification display areas (SIDAS), and aircraft. Your Social Security Number will be used as your identification number in this process and to verify your identity. Furnishing this information, including your SSN, is voluntary, however, failure to provide it will prevent the completion of your criminal history records check, without which you may not be granted aircraft, sterile area or SIDA access

Routine Uses: Routine uses of this information include disclosure to the U.S. Office of Personnel Management for processing and data verification, to the FBI to retrieve your criminal history record, to the TSA contractors or other agents who assist in the maintenance and operation of the fingerprint system, to airport operators or aircraft operators to evaluate suitability for aircraft, sterile area or SIDA access, to appropriate governmental agencies for law enforcement or security purposes, or in the interest of National Security, and foreign and international governmental authorities in accordance with law and international agreement.