



Pinnacle Airlines, Inc.

1689 NONCONNAH BLVD. • SUITE 111 • MEMPHIS, TENNESSEE 38132

www.flypinnacle.com

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY, ANSWER ALL QUESTIONS AND COMPLETE ALL FIELDS)

Full Name _____ Date _____
Last Name First Name Full Middle Name

Aliases/Nicknames _____ Social Security No. _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (____) _____ Alternate Phone (____) _____ E-mail _____

Can you provide documentation verifying you are authorized to work in the United States? Yes _____ No _____

How did you hear about **Pinnacle Airlines, Inc.**? _____

Positions you are seeking? 1st choice _____ 2nd choice _____

Name any relatives employed by **Pinnacle Airlines, Inc.** _____

Are you willing to work (check all that apply): Full Time _____ Part Time _____ Temporary _____

Are you willing to relocate? Yes _____ No _____ List any relocation restrictions _____

Are you willing to work **any** shift **including** nights, weekends, and holidays? Yes _____ No _____

List any shift restrictions: _____

Starting salary you are seeking? \$ _____ per _____ Date you are available to start employment? _____

Have you ever been employed by, or been in training with Express1, Northwest Airlin/Pinnacle Airlines before? Yes _____

No _____ If yes, for what? Position _____ Location _____ Start Date ____/____/____

End Date ____/____/____ Reason for leaving? _____

Have you been interviewed for any position with *Pinnacle Airlines, Inc.* in the past year? Yes _____ No _____ If yes, for what position(s), and the location and date of interview? _____

Previous Employees may or may not be eligible for rehire. Rehires must be approved by the VP of HR. Approved _____

Is there any information we would need about your name or use of another name for us to check you education, work, credit, driving or criminal record? Yes _____ No _____ If yes, please specify _____

Current Driver's License # _____ State _____ Expiration Date ____/____/____

List **ALL** driving violations including DUI, speeding, suspension, or revocation. List each offense, city, state, and dates:

Have you **ever** been charged with, convicted, or pled guilty to any misdemeanors? Yes _____ No _____ If yes, please list all offenses, City, State, and Date: _____

Have you **ever** been charged with, convicted, or pled guilty to a felony? Yes _____ No _____ If yes, please list all offenses, City, State, and Date: _____

Have you ever tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety sensitive transportation work covered by DOT Agency Drug and Alcohol Testing Rules during the past two (2) years? Yes _____ No _____

Pinnacle Airlines will not employ individuals who do not disclose convictions or guilty pleas on this application. Conviction of a crime will not necessarily be a bar to employment. Factors such as age at time of offense, remoteness of offense in time, and rehabilitation will be taken into account in determining effect on suitability of employment.

I have read and understand the information above and certify that I have disclosed all driving violations, misdemeanor and felony charges, convictions, and/or guilty pleas.

Signature _____ Date _____



Employment and Background Information

FAA Regulations require that a background check be conducted on all persons prior to their being cleared for unescorted access to airport secure areas. The background check requires verification of representations made by the applicant relating to employment and other activities during the preceding 10 years. To meet this requirement, **please provide information covering all periods of employment, unemployment, schooling, or other activities for the past 10 years.** You must provide us with the means of verifying your status for the full 10 year period. **This check must be completed before you can be issued identification authorizing unescorted access to airport security areas.**

INSTRUCTIONS:

- Begin with your current activities and list in chronological order.
- Transcripts are acceptable for school verification.
- Military Service- provide a copy of your DD-214 form.
- Incomplete applications will not be considered.
- Give complete names, zip codes and daytime phone numbers.
- State Job Title i.e., laborer, manager, student, unemployed, etc.
- Include employment, unemployment, schooling and all other activities. All 10 years MUST be covered with no gaps.

Are you presently employed? Yes No If employed, may we contact your present employer? Yes No

DATES	LIST ALL EMPLOYERS, SCHOOLS, OR EXPLAIN ALL UNEMPLOYMENT PERIODS DURING THE PAST 10 YEARS	JOB TITLE DUTIES PERFORMED	Office Use Only For Employment Verification
Start Date: ____/____/____ mm yyyy Ending Date: ____/____/____ mm yyyy Earnings \$ _____ \$ _____ Beginning Ending	Company _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Mgr/Supv _____ Reason for leaving:	Job Title: _____	Verified by: Date: Comments:
Start Date: ____/____/____ mm yyyy Ending Date: ____/____/____ mm yyyy Earnings \$ _____ \$ _____ Beginning Ending	Company _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Mgr/Supv _____ Reason for leaving:	Job Title: _____	Verified by: Date: Comments:
Start Date: ____/____/____ mm yyyy Ending Date: ____/____/____ mm yyyy Earnings \$ _____ \$ _____ Beginning Ending	Company _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Mgr/Supv _____ Reason for leaving:	Job Title: _____	Verified by: Date: Comments:
Start Date: ____/____/____ mm yyyy Ending Date: ____/____/____ mm yyyy Earnings \$ _____ \$ _____ Beginning Ending	Company _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Mgr/Supv _____ Reason for leaving:	Job Title: _____	Verified by: Date: Comments:

If you need additional space, please use the supplemental employment form.



Employment Information (Continued)

DATES	LIST ALL EMPLOYERS, SCHOOLS, OR EXPLAIN ALL UNEMPLOYMENT PERIODS DURING THE PAST 10 YEARS	JOB TITLE DUTIES PERFORMED	Office Use Only For Employment Verification
Start Date: _____ / / mm yyyy Ending Date: _____ / / mm yyyy Earnings \$ _____ \$ _____ Beginning Ending	Company _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Mgr/Supv _____ Reason for leaving:	Job Title: _____	Verified by: Date: Comments:
Start Date: _____ / / mm yyyy Ending Date: _____ / / mm yyyy Earnings \$ _____ \$ _____ Beginning Ending	Company _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Mgr/Supv _____ Reason for leaving:	Job Title: _____	Verified by: Date: Comments:
Start Date: _____ / / mm yyyy Ending Date: _____ / / mm yyyy Earnings \$ _____ \$ _____ Beginning Ending	Company _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Mgr/Supv _____ Reason for leaving:	Job Title: _____	Verified by: Date: Comments:
Start Date: _____ / / mm yyyy Ending Date: _____ / / mm yyyy Earnings \$ _____ \$ _____ Beginning Ending	Company _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Mgr/Supv _____ Reason for leaving:	Job Title: _____	Verified by: Date: Comments:
Start Date: _____ / / mm yyyy Ending Date: _____ / / mm yyyy Earnings \$ _____ \$ _____ Beginning Ending	Company _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Mgr/Supv _____ Reason for leaving:	Job Title: _____	Verified by: Date: Comments:
Start Date: _____ / / mm yyyy Ending Date: _____ / / mm yyyy Earnings \$ _____ \$ _____ Beginning Ending	Company _____ Address _____ City _____ State _____ Zip _____ Phone (____) _____ Mgr/Supv _____ Reason for leaving:	Job Title: _____	Verified by: Date: Comments:



Education Information

Type of School	Complete Name and Address of School	Dates Attended	Did you Graduate?	Major and Degree Granted
High School/ GED		From:	<input type="checkbox"/> Yes	
	Phone #	To:	<input type="checkbox"/> No	
College		From:	<input type="checkbox"/> Yes	
	Phone #	To:	<input type="checkbox"/> No	
Other (Specify)		From:	<input type="checkbox"/> Yes	
	Phone #	To:	<input type="checkbox"/> No	

Military Experience

U.S. Armed Forces Record: Air Force Army Marine Navy Coast Guard

Military Reserve: Air Force Army Navy Coast Guard Air National Guard National Guard

Rank _____ Induction Date _____ Discharge Date _____ and Type: Honorable Dishonorable

Job Title and Duties _____

Office Skills

Speed in WPM Typing _____ Data Recorder (keystrokes/min) _____

Other office skills or machines at which you are proficient _____

Software Programs in which you are proficient _____

Mechanical Skills

List Experience in Months and type of equipment on which you obtained.

LICENSES HELD AND NUMBER	EXPERIENCE TYPE	MONTHS	TYPES OF AIRCRAFT
A	Airframe Maintenance		
P	Power plant Maintenance		
A and P	Line Maintenance		
1 st Class FCC	Avionics		
2 nd Class FCC	Accessories		
Other (GSE, hydraulics, etc)			

Do you own your own tools? Yes No Approximate Value \$ _____



Confidential Information Disclosure

If you are currently employed, why are you seeking a job change? _____

- Yes No Have you ever been expelled from school? Explain:
- Yes No Have you ever been asked to resign or been fired from a job? Explain:
- Yes No Have you ever received an unsatisfactory performance appraisal? Explain:
- Yes No Are there any events or occurrences in your background that you would like to explain before a background investigation is initiated? If yes, please explain:
- Yes No Are there any events or occurrences in your driving record that you would like to explain before your motor vehicle record is checked? If yes, please explain:
- Yes No Would any of your former supervisors give you a neutral or unfavorable reference if we were to contact them? If yes, please explain:
- Yes No Have you ever failed an employer's drug or alcohol test: If yes, please explain:

When was the last time you tried or used marijuana? (check the appropriate box)
 Within the last month Within the last Year Anytime Previous to the last Year Never

When was the last time you tried or used cocaine? (check the appropriate box)
 Within the last month Within the last Year Anytime Previous to the last Year Never

When was the last time you socially tried or used any other drugs? (check the appropriate box)
 Within the last month Within the last Year Anytime Previous to the last Year Never

Have you ever been reprimanded by a supervisor for any of the following reasons?

- Yes No Absenteeism
- Yes No Tardiness
- Yes No Using alcohol or drugs at or before work
- Yes No Possession of alcohol or drugs at work
- Yes No Violation of safety rules on the job
- Yes No Substandard or unacceptable work
- Yes No Insubordination
- Yes No Theft of property or money belonging to fellow employee or your employer
- Yes No Damaging or defacing company property
- Yes No Gambling on your employer's premises
- Yes No Threatening, intimidating, or fighting a fellow employee
- Yes No Deliberately abusing tools, equipment, or materials
- Yes No Falsifying records
- Yes No Failing to comply with an order
- Yes No Conflicts with one of your supervisors or employer

Applicant Signature _____ Date _____



Fingerprint Application and Disclosure Statements

An individual is disqualified if the individual has been convicted, or found not guilty by reason of insanity, of any of the disqualifying crimes listed below during the 10 years before the date of the individual's application for authority to perform covered functions, or while the individual has the authority to perform covered functions.

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Forgery of certificates, false marking of aircraft, and other aircraft registration violation 2. Interference with air navigation 3. Improper transportation of a hazardous material 4. Aircraft piracy 5. Interference with flight-crew members or flight attendants 6. Commission of certain crimes aboard aircraft in flight 7. Carrying a weapon or explosive aboard aircraft 8. Conveying false information and threats 9. Aircraft piracy outside the special aircraft jurisdiction of the United States 10. Lighting violations involving transporting controlled substances 11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements 12. Destruction of an aircraft or aircraft facility 13. Murder 14. Assault with intent to murder 15. Espionage 16. Sedition 17. Kidnapping or hostage taking 18. Treason | <ol style="list-style-type: none"> 19. Rape or aggravated sexual abuse 20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon 21. Extortion 22. Armed or felony unarmed robbery 23. Distribution of, or intent to distribute, a controlled substance 24. Felony arson 25. Felony involving a threat 26. Felony involving; <ol style="list-style-type: none"> I. Willful destruction of property; II. Importation or manufacture of a controlled substance; III. Burglary; IV. Theft; V. Dishonesty, fraud, or misrepresentation; VI. Possession or distribution of stolen property; VII. Aggravated assault; VIII. Bribery; and IX. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year. 27. Violence at international airports 28. Conspiracy to attempt to commit any of the aforementioned criminal acts |
|---|---|

I hereby certify that I have not been convicted or found guilty by reason of insanity of any of the disqualifying crimes listed above in the past 10 years in any jurisdiction ending on the date of this application.

I understand that I am under continuous obligation to disclose to *Pinnacle Airlines, Inc.* and any Airport where I have an active SIDA badge of any disqualifying criminal offense or having been found not guilty by reason of insanity that occurs while I have unescorted access authority.

The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement on this application can be punished by fine or imprisonment or both. (See section 1001 of title 18 United States Code)

I understand I that I may obtain a copy of my criminal history records sent to *Pinnacle Airlines, Inc.* by submitting a written request to the People Department within 30 days of being advised that my criminal history record disqualifies me from being issued an airport badge. I understand that if I believe that any information is inaccurate; I may directly contact the agency that reported the disqualifying conviction to correct my record.

Applicant FULL Printed Name

Applicant 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 retrieve your criminal history record to evaluate your sustainability for access to airport sterile areas and security identification display areas (SIDA), and aircraft. Your Social Security Number will be used as your identification number in the 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, and 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 to evaluate sustainability 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.



Pinnacle Airlines Corp., Pinnacle Airlines, Inc., and or their subsidiaries (hereinafter 'the Company') TAKES THIS OPPORTUNITY TO ADVISE APPLICANTS THAT PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING WILL BE CONDUCTED IN COMPLIANCE WITH 49CFR PART 40 AND CFR PART 61 ET AL. SUCH PRE-EMPLOYMENT TESTING IS TO DETERMINE THE PRESECEANCE OF THE FIVE DRUGS LISTED IN FAR PART 121. APPENDIX 1: COCAINE, MARIJUANA, OPIATES, P.C.P., AND AMPHETAMINES WILL BE CONDUCTED AND VERIFIED NEGATIVE RESULTS MUST BE RECEIVED BY THE COMPANY PRIOR TO THE START OF SAFETY SENSITIVE TRAINING.

Employment with the company is for an indefinite term and may be terminated with or without cause, at any time, at the will of either the company or the employee. Applicants are not considered employees while in training and therefore are not compensated as such. Applicants must successfully complete new hire training in order to be considered as candidates for employment. While successful completion of new hire training is a prerequisite of employment, it ultimately does not guarantee the candidate a job with the company. Furthermore, providing false information on this employment application or any type of misrepresentation may be grounds for termination.

I, the undersigned applicant, hereby authorize the company to conduct, now, or at any time while I am employed, verification of my education, previous employment/work history, personal reference (s), personal credit history, or obtain any criminal history record information pertaining to me which may be in the files of any Federal, State, or local criminal justice agency, state patrol agency in any state and/or any private firm retaining pertinent information, under the provisions of the Fair Credit Reporting Act (FCRA) as deemed necessary to fulfill the job requirements. I also consent to a Motor Vehicle Report. I hereby authorize all such persons, organizations, and agencies to release said information to the Company and its agents. **I understand that I may be offered employment conditioned upon satisfactory conclusion of my employment background certification and receipt of a verified negative drug test result.**

Signature: _____ **Date:** _____

TSAR 1542.205 and TSAR 1544.229 require us to conduct and FBI fingerprint criminal history records check (CHRC) for all employees who will apply for unescorted access to SIDA, have the authority to authorize others to have unescorted access, and perform screening functions. When the CHRC discloses a disqualifying criminal offense for which the conviction or finding not guilty by reason of insanity was in the previous 10 years, the individual's SIDA authority will be suspended immediately. The individual who believes that the CHRC determination is incorrect may seek to correct the record.

To the best of my knowledge I, _____, do not have a disqualifying criminal offense as listed above. I understand that I must advise the Company within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority. I understand that I may be subject to prosecution under Title 18 U.S.C. Section 1001 if I knowingly and willfully provide false information on the application. I understand that I am under continuous obligation to disclose to the Company and any Airport where I have an active SIDA badge, any convictions within 24 hours of any disqualifying criminal offense or having been found not guilty by reason of insanity that occurs while I have unescorted authority. **Meeting the above minimum eligibility requirements to receive a SIDA badge does not guarantee an applicant employment with the company.**

I understand I that I may obtain a copy of my criminal history records sent to *Pinnacle Airlines, Inc.* by submitting a written request to the People Department within 30 days of being advised that my criminal history record disqualifies me from being issued an airport badge. I understand that if I believe that any information is inaccurate; I any directly contact the agency that reported the disqualifying conviction to correct my record.

Signature: _____ **Date:** _____

I understand that the Company may, from time to time, elect to send me to specialized technical training schools which will enhance my skills. I do further understand that these skills are acquired at considerable costs and in consideration thereof, and if employed, I do hereby agree to reimburse the Company, for all reasonable expenses which it incurs as a result of any schooling, technical training, seminars, or any other training activity or function I attend should I resign or my employment be terminated for cause within twelve (12) months following said school, course, or training. **This does not apply to New Hire Training, Ground School for Pilots or Dispatcher training.**

Signature: _____ **Date:** _____



Why do you want to work for Pinnacle Airlines, Inc.?

Please describe the skills and aptitudes that you feel qualify you for a position with us. You may wish to include employment activities and positions held in civic, community, or school organizations, professional societies, and special training and skills.

Pilot Applicants MUST complete an Application Supplement with License and Flight time Information

***Pinnacle Airlines, Inc.* is an equal opportunity employer and complies with the law with respect to non-discrimination in hiring on the basis of race, religion, color, disability, veteran status, national origin, gender, age, creed, sexual orientation, or citizenship.**

This space may be used to enter additional information. Please indicate page number and topic for each additional entry.