



Pinnacle Transport

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Applicant Name:

Date:

(Print)

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 to 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(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

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 (d) and (e).

I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by the previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- 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.

Applicant Signature

Date

Answer all questions—please print clearly

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application:

Name: _____ S.S. # _____

Address:

Street _____ City _____

Date of Birth:

State _____ **Zip** _____

Phone: (Cell): (Other):

Email Address:

(Please ensure you have access to this email address, all insurance paperwork after enrollment will be sent to you electronically.)

Address for Past Three Years

How Long?:

How Long?

Do You Have Legal Right To Work In The United States?

Can You Provide Proof of Age?

Have you ever been convicted of a felony?

If yes, please explain fully on a separate sheet of paper.

Conviction of a crime is not an atomic bar to employment. All circumstances will be considered.

Are you currently employed? If not, how long since leaving last employment?

Who referred you? Rate of pay expected:

Is there any reason you might be unable to perform the functions of the job for which you

If yes, please explain

(Attach sheet if more space is needed)

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last School Attended:

School Name _____ City _____

PLEASE SELECT ONE OF THE FOLLOWING:

OR

PLEASE SELECT ONE OF THE FOLLOWING:

Apprentice Mate Steersman: _____
Pilot Mate _____
Master of Towing _____

Welder _____
DeckHand _____
Yard Hand _____

License:

Type of MMC presently held:

Date of Issue:

Date Expires:

Issue Number:

Any tonnage restrictions: Yes No

(circle one)

If so, list:

List of Endorsements :

Radar Certification Expiration:

TWIC Card : Yes No

Expires on:

(circle one)

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with (other than those already shown).

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Has any license, permit, or privilege been suspended or revoked?

Explain:

All applicants must provide the following information on ALL employers during the preceding 10 years. (NOTE: List employers in order starting with the most recent. Add another sheet if necessary.) Also, Please explain any lapse in employment.

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	
EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	
EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

EMPLOYER		DATE	
Name		From	To
Address		Position Held	
City		Salary/Wage	
Contact Person	Phone Number	Reason for Leaving	

TO BE READ AND SIGNED BY APPLICANT

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize Pinnacle Transport to make such investigations and inquiries of my personal, employment, financial, medical, criminal histories and other related matters. I have the full understanding that Pinnacle Transport reserves the right to arrive at a decision based on any information obtained from such inquiries and investigations.

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. I understand that false or misleading information given in my application or interview(s) may result in termination of contract. I understand that I am required to abide by all rules and regulations of the Company.

Applicant Signature

Date

Previous Employment Information Request

Applicant/ Employee Printed Name:

Applicant/Employee SSN:

I hereby authorize the release of information from my regulated and non-regulated drug & alcohol testing records by my previous employer(s) listed below, to the employer and/or its agents listed above. This release is in accordance with DOT Regulation 49 CFR Parts 40.25, 16, and 4.06. I understand and agree to hold harmless my employer, its agents, and previous employer(s) that release the following information:

1. Verified positive drug test results.
2. Alcohol tests results that reflect a result of 0.04 or higher alcohol concentration.
3. Records documenting a refusal to submit to required random, reasonable cause/suspicion, post-accident, or follow-up drug or alcohol testing and/or verified adulterated or substituted drug tests results.
4. Records of any documentation that I engaged in alcohol misuse, violations of DOT regulations or any drug and alcohol policies.
5. Records pertaining to any substance abuse professional evaluations conducted and rehabilitation, including follow-up testing undertaken by me following a violation of DOT regulations.
6. Other violations of DOT drug and/or alcohol testing regulations.

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test results and any non-negative test records to Pinnacle Transport. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the companies for which I have worked in a DOT safety-sensitive, DOT required, or non-regulated position in the past three (3) years as applicable according to the requirements of the position for which I am applying. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed. I also agree to hold harmless any and all parties that release the requested information in good faith.

Employee/ Applicant Signature:

Date:

EMPLOYEE/ APPLICANT DO NOT WRITE BELOW THIS LINE
Section 1 & 2 to be completed by previous employer(s)

Section 1: Previous Employer Name:

Designated Representative Name:

Phone Number/ E-mail Address:

Section 2:

In the past three (3) years, prior to the date of the employee's signature above;

1. Did the employee have any DOT alcohol test with a result of 0.04 or higher?	YES _____	NO _____	
2. Did the employee have a verified positive DOT drug test?	YES _____	NO _____	
3. Did the employee refuse to submit to a DOT required drug/alcohol test? (including adulterated or substituted specimens)	YES _____	NO _____	
4. Did the employee have any other violations of DOT agency drug & alcohol testing?	YES _____	NO _____	
5. Did a previous employer report a drug & alcohol rule violation to you?	YES _____	NO _____	
6. If you answered "yes" to any of the above, did the employee complete the return-to-duty process?	N/A _____	YES _____	NO _____
7. If you answered "yes" to any of the regulated questions above, have you reported the results to the proper state and federal agencies as required by the laws that govern the agency?	YES _____	NO _____	

Note: If "yes" for item 5, you must provide the previous employers report. If "yes" for item 6, you must transmit the appropriate return-to-duty documentation (e.g. SAP report(s), Follow-up testing record.).

Check this box if your company and/or the applicant was not subject to DOT regulations.

Designated Representative Signature:

Title:

Date:

LET THIS FORM OR COPY SERVE AS ORIGINAL
PLEASE RETURN EMAIL TO: DREA.PINNACLE@GMAIL.COM

Safety and Compliance Department

I understand that Pinnacle Transport has a zero-tolerance policy as far as drugs and alcohol are concerned. I also understand if I falsified my application or this form and the company discovers any un-truths, my application will be disqualified or my contract/employment will be terminated.

If you have ever been arrested, convicted, accused or charged with any type of DWI (Driving While Intoxicated), DUI (Driving Under the Influence), or PI (Public Intoxication), please list the date and describe the incident and charges below, then sign at the bottom of the page.

Please continue on back of page if more space is needed.

If you have never been arrested, convicted, accused or charged with any type of DWI (Driving While Intoxicated), DUI (Driving Under the Influence), or PI (Public Intoxication), please print name below and sign at the bottom of the page.

I, _____, certify that I have never been arrested, convicted, accused, or charged

Name Print

with **any** type of DWI (Driving While Intoxicated), DUI (Driving Under the Influence), or PI (Public Intoxication).

Applicant Signature _____ Date _____

Direct Deposit Authorization

Bank Name:

Routing # :

Account # :

I _____ authorize Pinnacle Transport, to use this information for
Name Print
Direct Deposit.

Applicant Signature

Date

Motor Vehicle Record

Applicant Name:

DOB: SS#:

License # : State:

I _____, authorize Pinnacle III to use this information to run an
MVR.

Name Print

Applicant Signature

Date