



# Employment Application

It is the policy of Pinnacle Agriculture Holdings, LLC and its subsidiaries (Pinnacle Agriculture Holdings, LLC and its subsidiaries are separate and distinct legal entities) to employ, train, compensate, promote and provide other terms and conditions of employment, without regard to a person's race, color, religion, national origin, sex (including pregnancy), age, disability, veteran status, or other characteristics protected by law. This application must be completed in full. Any offer of employment is conditional upon the successful completion of a background investigation and drug screen. Please print or type.

PERSONAL DATA	
Name: _____ Date of Application: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> <span>Middle</span> <span>Preferred</span> </div>	
Social Security Number: _____	Date of Birth _____
Current Address: _____ How long have you lived at this address? <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Street</span> <span>City</span> <span>Zip</span> <span>Years</span> <span>Months</span> </div>	
Contact Phone Number: _____	Email Address: _____
Are you a US Veteran? ____ Yes ____ No Branch of Service: _____ Years of Service _____	

JOB INTEREST	
What position are you applying for: _____	Date available for employment: _____
How or by whom were you referred to us: _____	

LICENSE INFORMATION (Your motor vehicle record will be checked if you are applying for a position that requires you to operate a Pinnacle Agriculture Holdings, LLC owned/leased or privately owned/leased for company business)			
Name on License: _____	State of License _____	License Number _____	Expiration Date _____
Do you have a current CDL? ____ Yes ____ No If yes, what class? _____			

EDUCATION AND TRAINING							
Please list only those educational institutions where you attended classes (physically or online). Do not include educational institutions where your degree was acquired by only fulfilling life experience requirements and/or paying a one-time flat fee. Do not abbreviate school names.							
	Name of School	State	City	Major Course of Study	Did you Graduate?	If No, Indicate Date of Last Enrollment	Degree
High school or GED					Yes ____ No ____		
Trade/Technical school					Yes ____ No ____		
College					Yes ____ No ____		
Graduate school					Yes ____ No ____		

**PRIOR ADDRESS INFORMATION – Indicate all addresses that you have lived at in the past 3 years, other than the current address you listed on Page 1**

Address: \_\_\_\_\_  
Street City State Zip

Country: \_\_\_\_\_ Dates from: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Country: \_\_\_\_\_ Dates from: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Country: \_\_\_\_\_ Dates from: \_\_\_\_\_ to: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Have you previously been employed by Pinnacle Agriculture Holdings, LLC or one of its subsidiaries: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which business: \_\_\_\_\_ Location: \_\_\_\_\_

Dates employed from: \_\_\_\_\_ to: \_\_\_\_\_

**Are you currently subject to a non-compete or employment agreement with another employer: Yes \_\_\_\_\_ No \_\_\_\_\_**

**CURRENT/PREVIOUS EMPLOYERS** (Attach additional sheets if needed)

**Starting with your current or most recent employment, list all previous employers. Include self-employment, military service, summer and part-time jobs for the past ten (10) years.**

Company name: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_

Job title and duties: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ May we contact this employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Name and title of manager: \_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Was this job designated as a safety sensitive function in any Department of Transportation (DOT) regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes \_\_\_\_\_ No \_\_\_\_\_**

**CURRENT/PREVIOUS EMPLOYERS continued**

Company name: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_

Job title and duties: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ May we contact this employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Name and title of manager: \_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Was this job designated as a safety sensitive function in any Department of Transportation (DOT) regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes \_\_\_\_\_ No \_\_\_\_\_**

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Company name: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_

Job title and duties: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ May we contact this employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Name and title of manager: \_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Was this job designated as a safety sensitive function in any Department of Transportation (DOT) regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes \_\_\_\_\_ No \_\_\_\_\_**

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Company name: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_

Job title and duties: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ May we contact this employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Name and title of manager: \_\_\_\_\_

**Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Was this job designated as a safety sensitive function in any Department of Transportation (DOT) regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes \_\_\_\_\_ No \_\_\_\_\_**

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**ADDITIONAL INFORMATION** State any additional information that you feel may be helpful to us in considering your application. This could include any specialized training or courses you have completed that will aid in evaluating your qualifications for the position you are seeking. (Example: if applying for a clerical position, not training such a word processing, typing, computer hardware or software, etc.) Please include grade or other indicator of achievement, such as words per minute typed. Feel free to attach a resume.

**REFERENCES**

List at least three business or school related references that Pinnacle Agriculture Holdings, LLC and its subsidiaries may contact regarding your application. Do not include relatives.

<u>Reference Name</u>	<u>Address</u>	<u>Daytime phone number</u>
1.		
2.		
3.		

**APPLICANT RELEASE AND ACKNOWLEDGEMENT**

I understand that Pinnacle Agriculture Holdings, LLC and its subsidiaries (collectively, the “Company”) require certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize the Company to investigate my past employment, educational credentials, and other employment-related activities. I agree to cooperate in such investigations and release those parties supplying such information to the Company from all liability or responsibility with respect to information supplied, to the fullest extent permitted by law.

I specifically agree to waive the benefits of California Civil Code §1542, which states: A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

I agree that the Company may use the information it obtains concerning me in the conduct of its business. I understand that such use may include disclosure outside the Company in those cases where its agents and contractors need such information to perform their functions, where their company’s legal interests and/or obligations are involved, or where there is a medical emergency involving me. I understand, however; that the Company intends to protect the confidentiality of personal information it obtains concerning me to the extent required by law.

I agree that I will not disclose or use while interviewing with or employed by the Company any confidential or proprietary information of others, including any former employer.

I understand that any employment with the Company would not be for any fixed period of time and that, if employed, I may resign at any time, for any reason, or the Company may terminate my employment at any time for any reason in the absence of a specific written agreement to the contrary. I understand that my employment-at-will status may not be modified or changed except in writing and signed by a duly authorized officer of the Company.

I understand that any false answers or statements made by me on this application, any supplement thereto or in connection with the abovementioned investigations may be grounds for refusal of employment, invalidate my employment or, if employed, will be sufficient grounds for immediate discharge and render me ineligible for any Company benefits.

My signature below acknowledges that I have read, understand, and agree to the terms of the entire application.

My signature further certifies that this Employment 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.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s Printed Name: \_\_\_\_\_