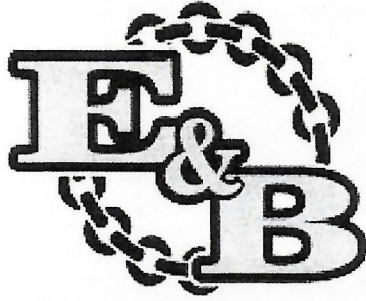


Oilfield NEW HIRE CHECKLIST

Required items before employee can start work.

- 1. Pre-Employment Drug Test.**
 - a. Employee's who have a CDL drivers license will need to do a FMCA test.
 - b. Employee's who will be line locating will need to do a PHMSA test.
 - c. All others will be doing a NON-DOT test.
- 2. Chain Of Custody.**
 - a. Employee will sign a chain of custody form when submitting their UA for the pre-employment drug test. A copy of this form will need to accompany the other documents when they are sent to the office.
- 3. Offer Letter**
 - a. Employee will need to sign the offer letter, and this will need to accompany the other documents when they are sent to the office. *Please include a START DATE!*
- 4. Driver's License**
 - a. A copy of the employee's driver's license, front and back, will need to accompany the other documents when they are sent to the office.
- 5. Social Security Card – OR – Birth Certificate**
 - a. A Copy of the employee's social security card or birth certificate will need to accompany the other documents when they are sent to the office.
- 6. Selfie**
 - a. Snap a passport style photo that will be used to enter the employee into ISNetwork. The companies that we do work for do require our employee's to be in this database. If the employee will not be working in the field, then this can be skipped.
- 7. New Hire Packet**
 - a. Fill out the new hire packet in detail. Make sure to sign the W-4 and the I-9. We only do direct deposit, so that form will need to be filled out in its entirety as well. All pages will need initial and dated to show that the employee has received and understands the form.
- 8. CDL/DOT Employee's**
 - a. If the employee has a CDL Driver's License, they will need to fill out the CDL packet, even if we are not using them to drive commercial vehicles for us.
 - b. A current copy of the employee's medical card will need to accompany these documents when they are sent to the office.

If we have all these forms in our hands in a timely manner, we can have the employee approved to be driving one of our vehicles and added to our insurance, along with having them entered into our required websites prior to their start date. Please include any current certificates that the employee may have. Please send all these items together in one email to help process the new hire in a timely manner.



2085 W. Hwy 40 Roosevelt Ut. 84066 • Ph:435-722-4047

Request for MVR

The requester listed above requests access to driver records(s), including personal information as defined in 18 U.S.C. "2721-2724", concerning the following person:

DRIVER INFORMATION

Please Print All Information Clearly

Name: _____
Last First MI DOB: _____

Driver License Number: _____ State: _____ SS#: _____

Address: _____
Street City, State Zip

DRIVER'S APPROVAL FOR OBTAINING MVR

I am the individual to whom the MVR pertains and am the subject of the record. I grant permission for the above requester to receive a copy of my driver license record (MVR) annually from the Driver License Division.

Driver's Signature

Date

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld..... ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500.....▶ \$		
Add the amounts above and enter the total here			3 \$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____

- 2 Enter:
 - \$18,650 if you're head of household
 - \$24,800 if you're married filing jointly or qualifying widow(er)
 - \$12,400 if you're single or married filing separately
 } **2** \$ _____

- 3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "0- " **3** \$ _____

- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____

- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,220	2,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,460	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p align="center">OR</p> <p align="center">OR</p> <p>Country of Issuance: _____</p>	
1. Alien Registration Number/USCIS Number: _____ 2. Form I-94 Admission Number: _____ 3. Foreign Passport Number: _____	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

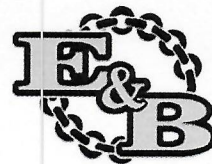
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



E & B Oilfield Services, Inc. and its affiliates

Employee

Packet

02/23/2023

Please Include the following items, when returning your signed employee packet.

- 1. The chain of custody form from your pre-employment drug test. Please do your drug test before your start date arrives.**
- 2. A copy of your Driver License. Front and back.**
- 3. A copy of your social security card or birth certificate.**

Additionally, a passport style photo will need to be obtained to enter you into ISNetworld. Please take this photo wearing no hat, or sunglasses. You must also be alone in the photo. The easiest way to do this is by taking a selfie. Ask your supervisor who you need to send it to. Thanks!

Authorization or Direct Deposit.

I authorize **E & B Oilfield Services, Inc.** and its affiliates to deposit my pay automatically to the account(s) indicated below, and if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing.

Name of Bank _____

Bank Account Number _____ Checking _____ Savings _____

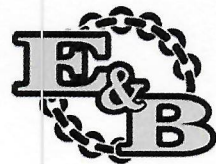
Bank Routing Number _____

Amount \$ _____ or entire paycheck _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Date _____

Initials _____



E & B Oilfield Services, Inc. and its affiliates

Emergency Contact Information

Employee Packet

02/23/2023

Employee Name _____ Date _____

Home Phone _____ Personal Cell _____

Home Address _____

Street

City/State

Zip

Emergency Contact #1

Name _____ Relationship _____

Home Phone _____ Personal Cell _____

Home Address _____

Street

City/State

Zip

Emergency Contact #1

Name _____ Relationship _____

Home Phone _____ Personal Cell _____

Home Address _____

Street

City/State

Zip

Emergency Contact #1

Name _____ Relationship _____

Home Phone _____ Personal Cell _____

Home Address _____

Street

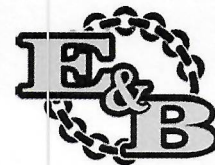
City/State

Zip

*We will notify the contacts in order when possible. If you have special instructions, please note them on reverse.

Date _____

Initials _____



E & B Oilfield Services, Inc. and its affiliates

Employee Packet

02/23/2023

Employee Conduct, Zero Tolerance and Truck Driving Policy

This policy and agreement mean that if any individual is caught violating any of the following, it could result in termination of their employment, due to their activities.

1. Driving a company vehicle other than on company time, or without the owner's consent is prohibited.
2. Possession of, under the influence of, or use of alcohol or illegal drugs while on the job is prohibited.
3. Acting irresponsible or endangering others, that could result in any injury or death is prohibited.
4. Arguing, or fighting with any personnel that the company is working for at any time is prohibited.
5. Having the possession of a firearm in any company vehicle, or on location is prohibited.
6. Any and all driving violations, whether on or off duty, must be reported to employer immediately for review.
7. All employees will follow all D.O.T, Federal, State and Local laws always.
8. No passengers are allowed in company vehicles, other than E & B employees, without supervisor approval, unless such circumstances are determined to be dangerous, or life threatening.
9. It is company policy to have a current MVR for all employees on file. Upon employment, all employees will be required to provide this to the employer.

All personnel who read and initial this contract, hereby subject themselves to its terms and conditions. Violating any such items will be ground for termination of employment with ***E & B Oilfield Services, and its affiliates.***

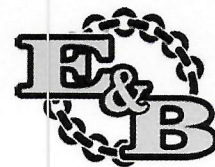
E & B Oilfield Services, and its affiliates, recognize that seat belts are extremely effective in preventing injuries and loss of life, and are required by law.

It is a simple fact that wearing your seat belt can reduce your risk of dying in a traffic accident. We care about our employees and want to make sure that no one is injured or killed in a tragedy that could have been prevented. Therefore, all employees of ***E & B Oilfield Services, and its affiliates,*** must wear seat belts when operating a company-owned vehicle, or any vehicle on company premises or on company business. All occupants are to wear seat belts or, where appropriate, child restraints when riding in a company-owned vehicle, or a personal vehicle being used for company business.

Failure to abide by this policy could result in disciplinary action, or in the event of an injury, a reduction in workers compensation benefits.

Date _____

Initials _____



E & B Oilfield Services, Inc. and its affiliates

Employee Packet

02/23/2023

Cell Phone Usage Policy

E & B issues cellular phones to company representatives, who are required to be in close contact with the company. While cell phones are a necessary convenience of the business world, we require that our employees follow the guidelines listed below for their own safety and the safety of others.

Usage

It is E&B policy that representatives of our organization who are issued a cellular phone, understand the phones are issued for business use. Employees are expected to make every effort to not exceed the current contracted allowed minutes. Cellular phone bills are reviewed when they arrive. Any employee who exceeds their contracted allowed minutes, or data is subject to additional usage review. Use of personal cell should be limited necessary calls only.

Driving

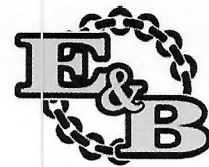
E&B has a zero-tolerance policy regarding distracted driving or violation of state cell phone usage laws while driving. For the safety of our employees and others it is imperative that you learn and follow state cell phone usage laws, in the states where you drive a company vehicle, while driving. If in doubt about the state law, pull over and stop at a safe location to dial, text, receive or converse on the cell phone in any way. This includes company or personal cell phones in company vehicles.

Use of any other personal electronic device including but not limited to GPS, iPod, camera or computer is prohibited while driving. If these types of devices are essential to your duties, you must pull over and stop at a safe location before any such use.

E&B reserves the right to amend or alter the terms of this policy. Violations of this policy will be subject to the highest forms of discipline, including termination.

Date _____

Initials _____



E&B OILFIELD SERVICES INC.

DATE: 02/23/2023

CARGO SECUREMENT POLICY

The Federal Motor Carrier Safety Administration (FMCSA) published cargo securement rules in 49 CFR Part 393, Subpart I - Protection Against Shifting and Falling Cargo. Motor carriers operating in interstate commerce must comply with this law. E&B requires that these rules be followed for all loads.

This includes all types of articles of cargo, except commodities in bulk that lack structure or fixed shape (e.g., liquids, gases, grain, liquid concrete, sand, gravel, aggregates) and are transported in a tank, hopper, box or similar device that forms part of the structure of a commercial motor vehicle. All vehicle structures, systems, parts and components used to secure cargo must be in proper working order when used to perform that function with no damaged or weakened components that could adversely affect their performance.

Tiedowns must be attached and secured in a manner that prevents it from becoming loose, unfastening, opening or releasing while the vehicle is in transit. All tiedowns and other components of a cargo securement system used to secure loads on a trailer equipped with rub rails must be located inboard of the rub rails whenever practicable. Also, edge protection must be used whenever a tiedown would be subject to abrasion or cutting at the point where it touches an article of cargo. The edge protection must resist abrasion, cutting and crushing.

Cargo must be firmly immobilized or secured on or within a vehicle by structures of adequate strength, dunnage (loose materials used to support and protect cargo), shoring bars, tiedowns or a combination of these.

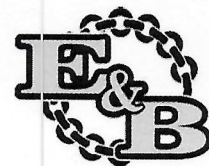
Articles of cargo that are likely to roll must be restrained by chocks, wedges, a cradle or other equivalent means to prevent rolling. Minimum Number of Tiedowns - There must be - one tiedown for articles 5 ft. or less in length, and 1,100 lbs. or less in weight; two tiedowns if the article is -5 ft. or less in length and more than 1,100 lbs. in weight; or greater than 5 ft. but less than 10 ft., regardless of weight.

Accessory equipment, such as hydraulic shovels, must be completely lowered and secured to the vehicle. Articulated vehicles shall be restrained in a manner that prevents articulation while in transit.

Heavy equipment or machinery with crawler tracks or wheels must be restrained against movement in the lateral, forward, rearward, and vertical direction using a minimum of four tiedowns. Each of the tiedowns must be affixed as close as practicable to the front and rear of the vehicle, or mounting points on the vehicle that have been specifically designed for that purpose. If the type of load you are hauling is not addressed by this policy, see 49 CFR Part 393, Subpart I (Protection Against Shifting and Falling Cargo) for additional information / rules.

Date _____

Initials _____



E&B OILFIELD SERVICES INC.

DATE: 02/23/2023

EXPIRES: Indefinite

SEXUAL HARASSMENT IN THE WORKPLACE

PURPOSE

The purpose of this Policy is to reiterate E&B Oilfield Services Inc. (E&B) is committed to maintaining a work environment free from all forms of discrimination, including discrimination in the form of sexual harassment. E&B affirms its moral and legal obligation to ensure that all employees are provided a harassment-free environment to realize their goals and function effectively in the workplace.

SEXUAL HARASSMENT POLICY

In accordance with Title VII of the Federal Civil Rights Act (42 U.S.C. § 2000 (1964)), E&B prohibits sexual harassment. E&B policy requires that all employees assume responsibility for maintaining a work environment free from any harassing conduct.

DEFINITION OF SEXUAL HARASSMENT

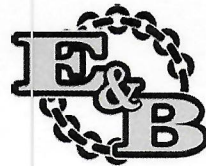
Sexual harassment is defined as unsolicited and unwelcome sexual advances, requests for sexual favors and other verbal, physical, visual or written conduct of a sexual nature directed to persons of the same or opposite sex when:

- Submission to such conduct is made either explicitly or implicitly as a term or condition of employment; or
- Submission to or rejection of such conduct by an employee is used as a basis for employment decisions affecting the employee; or
- Such conduct has the purpose or effect of substantially interfering with an employee's work performance or creating an intimidating, hostile or otherwise offensive working environment.

The courts have defined two types of sexual harassment:

1. Quid Pro Quo (Latin for "something for something"): This form of sexual harassment occurs when a supervisor or manager:

- demands, as an explicit or implied term or condition of employment decisions, a subordinate submit to sexual advances (this may include situations which began as reciprocal relationships, but which later ceased to be reciprocal); and/or;
- makes requests for sexual favors or other verbal, visual or physical conduct of a sexual nature that is an explicit or implied term or condition of employment decisions.



Examples of quid pro quo harassment include:

- Requests for sexual favors in exchange for a promotion or raise;
- Express or implied statement that a person will be demoted or fired if she or he does not submit to a sexual request or carrying out the threat.

2. Hostile Work Environment: This form of sexual harassment occurs when an individual is subjected to unwelcome sexual advances or other gender-based conduct that is sufficiently severe or pervasive to interfere with the individual's work performance or creates an intimidating, hostile or offensive work environment. The work environment must be both subjectively and objectively perceived as abusive.

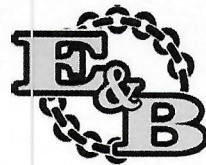
The courts look at the totality of the circumstances surrounding the alleged incidents of harassment to determine whether unlawful conduct has occurred. Generally, there must be a pattern of unlawful conduct, although a single serious incident in some cases, such as a sexual battery, might be enough to constitute sexual harassment. The harasser can be a manager, supervisor, co-worker or in certain circumstances, possibly a non-employee, such as a supplier or customer. Examples include:

- Submission to such conduct is made either explicitly or implicitly as a term or condition of employment;
- Leering, making or sending sexual jokes or sexually suggestive remarks, or making sexual gestures;
- Making offensive, negative or demeaning remarks about a person's gender or physical appearance;
- Deliberate and unwelcome touching, hugging, and patting or blocking a person's movement;
- Displaying offensive sexual illustrations or pictures in the workplace;
- Unwelcome pressure for dates or sex (this may include situations which began as reciprocal relationships, but which later ceased to be reciprocal).

The intent of the person accused of sexual harassment is of secondary importance: the impact of the offensive behavior on the offended person is the primary factor in determining if sexual harassment has occurred.

ZERO TOLERANCE POLICY

It is the policy of E&B to provide all employees a safe work environment free from sexual harassment. Sexual harassment will not be tolerated. Such behavior will be addressed seriously, and appropriate corrective action taken. A "zero tolerance" policy means working to prevent any inappropriate behavior, so corrective actions, up to and including formal discipline, will be taken when policy violations occur, even if they are not so serious as to be unlawful. For example, even though a sexual comment does not in itself rise to the level of creating a hostile



work environment under the law, such a comment is unacceptable in the workplace, violates E&B's Zero Tolerance Policy and will be subject to a corrective action.

E&B'S RESPONSIBILITIES

E&B is responsible for taking all reasonable steps necessary to prevent harassment from occurring. E&B's steps in this regard include, but are not limited to, training, providing counseling, investigating complaints and taking appropriate corrective actions.

SUPERVISORS' AND MANAGERS' RESPONSIBILITIES

It is the responsibility of supervisors and managers to implement E&B's policy on sexual harassment prevention. Once issues of potential sexual harassment are discovered, supervisors and managers are obligated by law and policy to address such situations, even in circumstances where the managers and supervisors are not the direct manager or supervisor of the victim or the alleged harasser.

Notification must be made to the appropriate chain of command, as determined by the division manager or supervisor addressing the matter, which reasonable steps were taken to prevent the sexually harassing conduct from occurring. In addition, supervisors and managers are obligated to:

- Document the discovery or reporting of the incident;
- Document the decision to not proceed or proceed further and the basis for that decision;
- Document the final resolution and report to the employee;

EMPLOYEE'S RESPONSIBILITIES

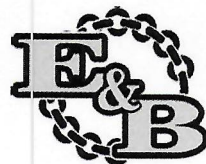
Employees who believe they are or have been subjected to sexual harassment in the workplace have an obligation to take immediate appropriate action and report the incident(s). The options available to an employee are outlined below under Complaint Procedures.

In addition, all employees have an obligation to:

- Adhere to E&B's sexual harassment policy;
- Refrain from engaging in, condoning, tolerating or leaving uncorrected conduct that violates this policy;
- Report any violations of this policy to a supervisor, manager;
- Cooperate with any investigation regarding a violation of this policy.

It is important for all employees to understand that failure to utilize E&B's internal procedures to report violations will hinder E&B's ability to stop and correct any violations. It is the responsibility of all employees to ensure a discrimination free working environment.

POLICY ADHERENCE



To ensure that all employees, managers and supervisors are informed of E&B's "zero tolerance" policy against unlawful discrimination including sexual harassment, E&B requires all managers and supervisors to facilitate annual discussions with staff on sexual harassment and discrimination prevention.

COMPLAINT PROCEDURES

Employees who believe they are or have been discriminated against in the workplace have an obligation to immediately report the incident to:

- Their supervisor or manager; or,
- The Equal Employment Rights and Resolution Office.

If the alleged offender is also the employee's supervisor or manager, the employee may contact a manager in or out of the employee's chain of command.

It is E&B's policy to resolve complaints at the lowest appropriate level. Confidentiality concerning complaints or investigations is maintained to the greatest extent possible in order to prevent embarrassment, further discrimination or harassment, or retaliation.

E&B is, however, compelled by law in certain situations to take actions that prevent E&B from honoring requests for confidentiality.

RETALIATION

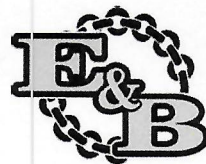
No person shall retaliate or threaten to retaliate against any individual who opposed a discriminatory employment practice or participated in the discrimination complaint process. Retaliation against complainants or any employee is prohibited by law and subject to disciplinary action.

AUTHORITY

Nothing in this policy is intended to supersede local, state or federal law.

Date _____

Initials _____



Field Employee Statement of Understanding

02/23/2023

FRCs

Company FRC Policies:

Upon hire, each new employee will receive:

- An Allowance of \$350.00 for the purchase of FR Work Wear.
- Note: For re-hires, if you have already used your \$350.00 when previously hired, you will NOT receive a new \$350.00. Any unused money will be restored.
- Second Year employees get an allowance of \$250.00 for FR Work Wear.

By dating and initialing below, I acknowledge and understand that if I voluntarily terminate employment or if I violate any company policy that results in my termination within 90 days of hire, I will be required to pay back all uniform expenses via a payroll deduction on my final paycheck(s).

Date _____

Initials _____

Company CDL Policies:

Upon hire, each new truck driving employee will need to obtain a CDL.

- E&B Oilfield services will pay for your CDL training and licensing if you are required to take a class at the college, we will pay for the class but will not pay you your wages while you take the class.

By dating and initialing below, I acknowledge and understand that if I voluntarily terminate employment or if I violate any company policy that results in my termination within 90 days of hire, I will be required to pay back all CDL expenses via a payroll deduction on my final paycheck(s).

Date _____

Initials _____

EMPLOYEE AUTHORIZATION TO RELEASE DRUG AND/OR ALCOHOL TEST RECORDS

PER 49 CFR Part 40.321

STEP 1: TO BE COMPLETED BY THE EMPLOYEE

This is my written consent to release my DOT drug and/or alcohol test(s) records. I am requesting the information from:

Name of Employer: _____

Please provide: Information in my file regarding my DOT drug and/or alcohol test(s) dated:

Enter Date of DOT Drug Test

Enter Date of DOT Alcohol Test (if applicable)

I hereby authorize that the information identified above be provided to the organization listed below:

Name organization: National Compliance Management Service, Inc.(NCMS)

Address: 7 Compound Drive, Hutchinson, Kansas 67502

Employee Name: _____
please print

Last Four Digits of Employee ID#: _____

Employee Signature: _____

Date: _____

STEP 2: TO BE COMPLETED BY THE EMPLOYER

The information indicated by the employee has been provided as authorized by the above named employee.

Employer Name: _____

Employer Address: _____

Designated Employer Representative: _____
please print name

Signature of person releasing information: _____ Date: _____

NOTE: It is the Employer's responsibility to obtain the signature from the employee and to maintain this form for future audit purposes.

The above named Employer provides PHMSA-regulated services to NCMS operator clients. The above named Employee has been identified by the Employer as performing covered functions as required by the PHMSA regulations.



Consent and Release of Drug Testing Results

I hereby authorize the release of my drug and/or alcohol testing results to TPS Alert (check one of the below).

- My test was a DOT drug and/or alcohol test performed on the following date: _____
- My test was a Non-DOT drug and/or alcohol test.

Dated this _____ day of _____, 20_____.

Name: _____

Signature: _____



Vacation Pay

Eligible employees vacation pay policy,

It is the policy of E&B Oilfield Services Inc. & its Affiliates to grant eligible employees annual vacation pay. Vacation pay will be accrued at a specified rate and used within the same year as it was accrued. The end of said fiscal year is specified in this policy by the last day of the last two week pay period, regardless of if said pay period rolls into the next year. At the payroll end date of the last pay period, vacation time will be zeroed (except CO employees whereby law they can rollover up to a total of 80 hrs.), and the employee will begin accruing time for the next year the following day. The last payroll end date may roll into the next year up to 13 days, in which case the employee would not begin accruing time for the new year until January 14th. The employee still can use accrued time up until January 13th of said year.

Employees should notify their direct supervisor a minimum of five business days in advance of taking vacation time unless special circumstances arise and are agreed upon with their direct supervisor. All vacation requests must be submitted to the employee's direct supervisor and approved prior to using said vacation time. All requests will be reviewed by the direct supervisor with a focus on the company needs, deadlines, and requirements during the requested vacation dates. The direct supervisor will inform the employee within three business days of receipt of the vacation request of the acceptance or rejection thereof.

If you are eligible for vacation pay you have been told how many hours, you can accrue annually. That time will be divided by 26.6 and that will be the rate you will accrue per hour worked. For example, if you have been given up to 80 hours per year of vacation time your rate will accrue at 3 minutes of vacation time per hour worked and 40 hours will accrue at a rate of 1.5 minutes per hour worked.

Each employee has been told how many hours they are eligible to accrue and use. It is your job to not use more than you have accrued, and/or use over the total amount you are eligible to accrue each year. If this happens the extra hours used and paid by the company to yourself will be deducted from the immediately following paycheck including but not limited to deducting them from your overtime hours if you went into overtime during that following pay period.

Vacation time must be taken in a minimum of half-day increments (4 hours) up to a full day increment of 8 hours. You cannot use a vacation day for a non-normal workday such as weekends unless you regularly work those days throughout the year and/or were supposed to be on-call during those days.

The only exception to using vacation pay in excess of 40 hours in a pay week (Sunday-Saturday) is if you have hit 40 hours and can still take vacation time for an eligible time or day afterwards. For example, if you hit 38 hours by Thursday afternoon, and would have normally worked Friday along with approving Friday, in advance, with your supervisor to take it off for vacation day, thus, putting yourself at 46 hours total for that pay week, this would be accepted.

Vacation pay will only be paid out at your regular hourly pay, or your salary divided by 2,080 (hours in a year based off 40 hours per week) not at an overtime rate.

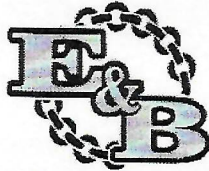
If you take vacation during a holiday week and are eligible for paid holidays you will not be deducted for the paid holiday days out of your vacation time throughout said week.

If your employment is ended for any reason your accrued vacation hour will be paid out on your last check.

Questions concerning this policy should be directed at your direct supervisor.

I have read, understand, and acknowledge receipt of the vacation policy. I will comply with the guidelines set out in this policy and understand that failure to do so may result in disciplinary action, loss of vacation time, and up to termination of employment.

Initials: _____



2085 W. Hwy 40 Roosevelt Ut. 84066 • 435-722-4047

ANNUAL VIOLATION AND REVIEW RECORD

Please Print All Information Clearly

Driver's Name: _____

First

MI

Last

I. **Certification of Violations (Part 391.27)**

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

<u>Date</u>	<u>Offense</u>	<u>Location</u>	<u>CMV?</u> <u>Yes or No</u>

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

 Driver's Signature

 Date

 Supervisor's Signature

 Date

Motor Carrier's Information:

E & B Oilfield Service: 2085 W. Hwy 40 Roosevelt Ut. 84066

II. **Annual Review of Driving Record (Part 391.25)**

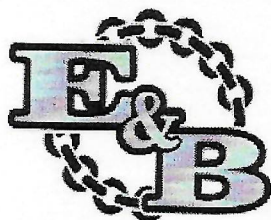
In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her in accordance with Section 391.27, has been reviewed for the past 12 months. I consider any evidence that the driver has violated applicable provisions of the FMCSR's and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles and gave great weight to violations such as: speeding, reckless driving, and operations while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above I find that:

- The driver meets the minimum requirements for safe driving. **OR**
 The driver is disqualified to drive a commercial motor vehicle pursuant to Part 391.15.

 Supervisor's Signature

 Date

E & B Oilfield Service: 2085 W. Hwy 40 Roosevelt Ut. 84066



DOT Application

Position Applying for: _____ Date of Application: _____

Name: _____ Social Security Number: _____

Current Address: _____

Home Phone: _____
Street City, State Zip
 Cell Phone: _____ Date of Birth: _____

Previous Addresses (3 years)

Street	City, State	Zip	From	To
Street	City, State	Zip	From	To
Street	City, State	Zip	From	To
Street	City, State	Zip	From	To
Street	City, State	Zip	From	To

(Ask for Additional Sheet if Needed)

Driver's License Information: List all licenses held within the previous 3 years

License Number: _____ Class: _____ State: _____ Expiration Date: _____

License Number: _____ Class: _____ State: _____ Expiration Date: _____

License Number: _____ Class: _____ State: _____ Expiration Date: _____

Have you ever had any driver's license denied, suspended, revoked, or canceled by any State agency?

YES NO If yes, give State of issuance and explanation of the circumstances:

Driving Experience

Types of Equipment <small>(Truck, Tractor/Trailer, Tank, etc.)</small>	Dates		Approx. Mileage Driven <small>(Total)</small>
	FROM	TO	

List all traffic violations/convictions for the previous 3 years (Write NONE, if none)

<u>Date</u>	<u>Location</u>	<u>Violation</u>	<u>Commercial Vehicle</u>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

List all accidents for the previous 3 years (Write NONE, if none)

<u>Date</u>	<u>Nature of Accident</u>	<u>Fatalities</u>	<u>Injuries</u>

Employment History: List all employment for the previous 3 years, all driving jobs for the previous 10 years, including any gaps between employers.

Employer:	Period of Employment		Supervisor's Name:
Street Address:	From:	To:	Supervisor's Telephone:
City, State Zip			
Title:			
Duties:			
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this Period? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you subject to 49 CFR part 40- controlled substance and alcohol testing during this period? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Employer:	Period of Employment		Supervisor's Name:
Street Address:	From:	To:	Supervisor's Telephone:
City, State Zip			
Title:			
Duties:			
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this Period? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you subject to 49 CFR part 40- controlled substance and alcohol testing during this period? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Employer:	Period of Employment		Supervisor's Name:
Street Address:	From:	To:	Supervisor's Telephone:
City, State Zip			
Title:			
Duties:			
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this Period? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you subject to 49 CFR part 40- controlled substance and alcohol testing during this period? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Employer:	Period of Employment		Supervisor's Name:
Street Address:	From:	To:	Supervisor's Telephone:
City, State Zip			
Title:			
Duties:			
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this Period? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you subject to 49 CFR part 40- controlled substance and alcohol testing during this period? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Employer:	Period of Employment		Supervisor's Name:
Street Address:	From:	To:	Supervisor's Telephone:
City, State Zip			
Title:			
Duties:			
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this Period? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you subject to 49 CFR part 40- controlled substance and alcohol testing during this period? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Employer:	Period of Employment		Supervisor's Name:
Street Address:	From:	To:	Supervisor's Telephone:
City, State Zip			
Title:			
Duties:			
Reason For Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this Period? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Were you subject to 49 CFR part 40- controlled substance and alcohol testing during this period? YES <input type="checkbox"/> NO <input type="checkbox"/>			

(Ask for Additional Sheet if Needed)

For Driver applicants of commercial motor vehicles that require a Commercial Driver's License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25 (j).

As a prospective driver employee, you will have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information for the previous employer(s), then the five (5) business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"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."

Applicant's Signature

Date

Applicant's Printed Name

Previous Employer Driver Inquiry

PART 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____
 First MI Last Social Security Number

Do hereby authorize:

Previous Employer: _____ Phone: _____
Street Address: _____ Fax: _____
City, State, Zip _____ E-Mail: _____

To release all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the prospective employer listed below:

E&B Oilfield Services

2085 W. Hwy 40
Roosevelt Ut. 84066
Phone: 435-722-4047

In compliance with Part 391.23(h), release of this information must be made in written form that ensures confidentiality, such as fax, e-mail or letter.

Applicant's Signature

Date

PART 2 TO BE COMPLETED BY PREVIOUS EMPLOYER

1. The applicant named above was employed by us from (m/yy) _____ to (m/yy) _____
2. What kinds of work did the applicant do? _____
3. Did the applicant drive a motor vehicle for you? If so, check which type. Yes No
 Straight Truck Tractor Semi-Trailer Bus Passenger Vehicle Other _____
4. Was the applicant a safe driver? Yes No
5. Was the applicant involved in any accidents? If so, include dates (d/m/y), and a brief explanation.
 Yes No

6. Was the driver ever placed out-of-service for hours of services violations? Yes No
Explanation: _____
7. Did the driver misuse alcohol or a controlled substance? Yes No
8. Was the applicant's general conduct satisfactory? Yes No
9. Check the reason for leaving your employ: Discharged Laid Off Resigned
10. Remarks:

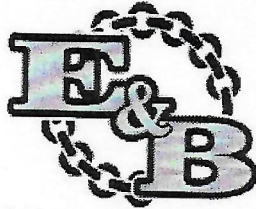
Print Name: _____ Position: _____
Signature: _____ Date: _____

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant respond to this request or information within 30 days. Failure to comply with this request is in violation of 49 DR 391.23.

Drug and Alcohol Previous Employer Inquiry

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First MI Last </div> _____ Social Security Number	
Do hereby authorize:	
Previous Employer: _____ Street Address: _____ City, State, Zip _____	Phone: _____ Fax: _____ E-Mail: _____
To release all information regarding my services, character, and conduct while in your employ, and you are released from any and all liability, which may result from furnishing such information to the prospective employer listed below:	
<u>E&B Oilfield Services</u> 2085 W. Hwy 40 Roosevelt Ut. 84066 Phone: 435-722-4047	
In compliance with Part 391.23(h), release of this information must be made in written form that ensures confidentiality, such as fax, e-mail or letter.	
_____ Applicant's Signature	_____ Date

PART 2	TO BE COMPLETED BY PREVIOUS EMPLOYER
If driver was NOT subject to Department of Transportation testing requirements while employed by your company, please check here. <input type="checkbox"/> Not Subject Reason Employee was not subject: _____	
The applicant named above was employed by us from (m/yy) _____ to (m/yy) _____	
1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	
3. Has this person ever refused to submit to a post-accident, random, reasonable suspicion, follow-up or controlled substance test? <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	
4. Has this person committed any other violation of Subpart B or Part 382, or Part 40? <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to application date.	
Print Name: _____	Position: _____
Signature: _____	Date: _____
The person identified above is seeking employment with this company, as a driver who is subject to the alcohol/controlled substance testing provisions of this Federal Motor Carrier Safety Regulations of 49 CFR Part 40.25 and Part 382.413. Pursuant to the aforementioned codes, with the driver's written consent, we request the results of related testing of this individual while in your control. The Federal Regulations mandate that we receive your reply within 14 days from this request.	



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DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor Carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print): _____ Social Security Number: _____

Driver's License: _____ Type of License: _____ State: _____

Endorsement(s): _____ Restriction(s): _____

DAY	1 (yesterday)	2 (2 days ago)	3 (3 days ago)	4 (4 days ago)	5 (5 days ago)	6 (6 days ago)	7 (7 days ago)
DATE							
HOURS WORKED							

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

_____ am On: _____
 Time pm Day Month Year

 Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

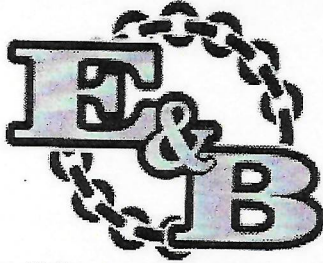
Are you currently working for another employer? (Check One) Yes No

At this time do you intend to work for another employer while still employed by this company? Yes No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

_____ Driver's Signature _____ Date

 Witness: _____ Company Representative _____ Date



2085 W. Hwy 40 Roosevelt Ut. 84066 • 435-722-4047

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive on, or refused to take, any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ (print) Employee Code: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, *but did not obtain (get)*, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check One: Yes No

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check One: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Applicant Authorization to Release DOT Drug/Alcohol Test Results

SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant/Employee: _____
 Current Employer: E&B Oilfield Services and AOS, LLC
 Address: 1798 W 3250 N City: Roosevelt St: UT Zip: 84066
 Phone: 435-722-4046 Fax: 435-722-4047 E-mail: darlene@eoilfield.com

I understand that as a condition of hire with the above named "Company", that I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

Check boxes if applicable

- I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past 2 years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below.
- I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3 years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below.

I hereby authorize the following previous employer / company to furnish the DOT information requested in section 2 below.

Previous Employer: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____
 Contact: _____ Dates of Employment: _____ to _____

(Complete additional form for each previous DOT employer)

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to the Company listed above. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination if later discovered after my employment with the Company begins.

_____ Signature of Applicant _____ EMP ID _____ Date

Release of Previous Employer's DOT Drug/Alcohol Testing Results

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years (3 years for CMV drivers), from the date of this request. Please complete the following:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Any DOT alcohol test results of 0.04 or greater? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Any DOT positive drug test results? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Other violations of DOT drug and alcohol testing regulations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did a previous employer report a drug / alcohol rule violation to you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?* |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Was the Applicant/Employee employed by you but <u>NOT</u> subject to DOT regulations? |

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

_____ Name of Person Completing Form _____ Title _____ Phone _____ Date

E&B OILFIELD SERVICES INC

1798 W 3250 N
ROOSEVELT, UT 84066
DER: DARLENE ABEGGLEN 435-722-4047

Please present this information sheet to the clinic indicated below for breath alcohol collection services.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> ERGOMED
4663 W 20 TH ST RD
GREELEY, CO 80634
P: 970-353-9543
F: 970-353-2081 | <input type="checkbox"/> YAMPA WORKS
1600 MID VALLEY DR
STEAMBOAT SPRINGS, CO
970-875-2750
970-875-2780 | <input type="checkbox"/> INTERMOUNTAIN TOXICOLOGY
248 N UNION STREET
ROOSEVELT, UT 84066
435-725-5249
435-725-5250 | <input type="checkbox"/> D.A. SCREENING
227 S. SUBLETTE AVENUE #182
PINEDALE, WY 82941
307-367-6782 |
|--|---|--|--|

- | | |
|---|--|
| <input type="checkbox"/> Pre-employment | <input type="checkbox"/> Follow-up (OBSERVED) |
| <input type="checkbox"/> Random | <input type="checkbox"/> Return-to-duty (OBSERVED) |
| <input type="checkbox"/> Post-accident | <input type="checkbox"/> Reasonable suspicion/cause (OBSERVED) |

Services to be performed:

- | | |
|---|--|
| <input type="checkbox"/> Non-DOT Urine Drug Screen | <input type="checkbox"/> Non-DOT Breath Alcohol |
| <input type="checkbox"/> DOT FMCSA Urine Drug Screen CDL/CLP Required | <input type="checkbox"/> DOT FMCSA Breath Alcohol CDL/CLP Required |
| <input type="checkbox"/> DOT PHMSA Urine Drug Screen | |

EMPLOYEE NAME (PRINT)

DATE NOTIFIED

SUPERVISOR (PRINT)

PHONE #

c/TPA & BILLING
INTERMOUNTAIN TOXICOLOGY COLLECTIONS
PO BOX 544
38 E 100 N STE 1
VERNAL, UT 84078
P: 435-789-5249
F: 435-789-1561