



Please provide the following:

A copy of your driver's license.

A copy of your social security card or birth certificate.

A copy of your current DOT medical card.

A passport style selfie will be needed. No hat, and no glasses.

Any current certification cards.

You will be given two copies of your chain of custody when you take your pre-employment drug screening. One copy will be yours, and the second copy will need to go in your employee file.

If you have any questions, please feel free to reach out!

Ada Dahlberg

[ada@hawk.energy](mailto:ada@hawk.energy)

W: 435-722-4047

C: 435-724-3106



## Drug Testing Authorization

APPLICANT/EMPLOYEE NAME

### Clinic Location

☐

Intermountain Toxicology Collections Inc.  
38 E 100 N  
Vernal, UT 84078  
P) 435-789-5249

☐

Intermountain Toxicology Collections Inc.  
248 N Union Street  
Roosevelt, UT 84066  
P) 435-725-5249

E&B Oilfield Services Inc

Darlene Abegglen

2085 U.S. 40

1798 W 3250 N

Roosevelt, UT 84066

P) 435-722-4047

### Reason For Test

☐

Pre-Employment

☐

Post-Accident

☐

Random

☐

Follow-Up (Observed)

☐

Return to Duty (Observed)

☐

Reasonable Suspicion/Cause (Observed)

### Services To Be Performed (check all that apply)

☐

DOT FMCSA Drug

☐

DISA Non-DOT EPCC Drug

☐

ITC Non-DOT Drug

☐

DOT FMCSA Alcohol

☐

DISA Non-DOT EPCC Alcohol

☐

ITC Non-DOT Alcohol

☐

DOT PHMSA Drug

☐

### Lab Account Information

DOT

IMQ.VERN.EBOILFLD

DISA EPCC

DGS.EPEO.144557.148961

ITC Non-DOT

IMQ.NVER.EBOILFLD

### Special Instructions




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## **Request for MVR**

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

### ***Driver Information***

*Please print all the information clearly!*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ SS# \_\_\_\_\_

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

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### **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

\_\_\_\_\_  
Email Address

**Employee's Withholding Certificate**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

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.

**2025**

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b>	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. Do only one of the following. (a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/>
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**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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . <b>3</b> \$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . . <b>4(a)</b> \$ _____
	(b) <b>Deductions.</b> 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 . . . . . <b>4(b)</b> \$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . <b>4(c)</b> \$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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](http://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, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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.** This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2025 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**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](http://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 2025 itemized deductions (from Schedule A (Form 1040)). 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: 

<ul style="list-style-type: none"> <li>• \$30,000 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$22,500 if you're head of household</li> <li>• \$15,000 if you're single or married filing separately</li> </ul>	}	. . . . .
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**2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. 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)). 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 territories 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 Surviving Spouse**

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	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

**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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,880
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

**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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,080	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,980	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)				
		If you check <b>Item Number 4.</b> , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b> , document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		<b>For persons under age 18 who are unable to present a document listed above:</b>	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
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			
<b>Acceptable Receipts</b>  May be presented in lieu of a document listed above for a temporary period.  For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"><li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li><li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li><li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li></ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,  
Preparer and/or Translator Certification for Section 1**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle Initial (if any) from Section 1.
---	---	---

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

**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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

**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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

**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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code





**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
---	---	---

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name)      First Name (Given Name)      Middle Initial		
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name)      First Name (Given Name)      Middle Initial		
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name)      First Name (Given Name)      Middle Initial		
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	



**Hawk Energy, LLC**

**Employee**

**Packet**

**12/18/2024**

**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 ISNetwork. 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 **Hawk Energy, LLC** 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**\_\_\_\_\_





HAWK ENERGY LLC

**Hawk Energy, LLC**

**Emergency Contact Information**

**Employee Packet**

**12/18/2024**

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 \_\_\_\_\_

**Hawk Energy, LLC**

**Employee Packet**

**12/18/2024**



**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. 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 Hawk Energy employees, without supervisor approval, unless such circumstances are determined to be dangerous, or lifethreatening.
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

**Hawk Energy, LLC**

**Hawk Energy LLC** recognizes 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 **Hawk Energy LLC** 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\_\_\_\_\_

**Hawk Energy, LLC**

**Employee Packet**

**12/18/2024**



**Cell Phone Usage Policy**

Hawk Energy LLC 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 Hawk Energy LLC 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**

Hawk Energy LLC 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.

Hawk Energy LLC 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\_\_\_\_\_





Hawk Energy, LLC

DATE: 12/18/2024

## **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 \_\_\_\_\_





Hawk Energy LLC

Expires: Indefinite

## **SEXUAL HARASSMENT IN THE WORKPLACE**

### **PURPOSE**

The purpose of this policy is to reiterate Hawk Energy LLC is committed to maintaining a work environment free from all forms of discrimination, including discrimination in the form of sexual harassment. Hawk Energy LLC affirms its moral and legal obligation to ensure that all employees are provided with a harassment free environment.

### **SEXUAL HARASSMENT POLICY**

In accordance with Title VII of the Federal Civil Rights Act (42 U.S.C. 2000), Hawk Energy LLC prohibits sexual harassment. Hawk Energy LLC's 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 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.
- Submission to or rejection of such conduct by an employee is used as a basis for employment decision affecting the employee.
- 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).
  - 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 carry out the threat.



HAWK ENERGY LLC.

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 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 Hawk Energy LLC 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 sexual comments do not rise to the level of creating a hostile work environment under the law, such a comment is unacceptable in the workplace, violating Hawk Energy LLC's zero tolerance policy and will be subject to corrective action.

#### HAWK ENERGY LLC'S RESPONSIBILITY



HAWK ENERGY LLC.

Hawk Energy LLC is responsible for taking all reasonable steps necessary to prevent harassment from occurring. Hawk Energy LLC 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 Hawk Energy LLC'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 supervisors 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 Compliant Procedures.

In addition, all employees have an obligation to:

- Adhere to Hawk Energy LLC'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 or manager.
- Cooperate with any investigation regarding a violation of this policy.

It is important for all employees to understand that failure to utilize Hawk Energy LLC's internal procedures to report violations will hinder Hawk Energy LLC'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 Hawk Energy LLC's "zero tolerance" policy against unlawful discrimination including sexual harassment, Hawk Energy LLC 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.
- 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 Hawk Energy LLC's policy to resolve complaints at the lowest appropriate level. Confidentiality concerning complaints or investigations is maintained to the greatest extent possible to prevent embarrassment, further discrimination or harassment, or retaliation.

Hawk Energy LLC is however compelled by law in certain situations to take actions that prevent Hawk Energy LLC 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 complaints 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

**12/18/2024**

### FRCs

#### Company FRC Policies:

Upon hire, each new employee will receive:

- An allowance of \$500.00 for the purchase of FR work wear when hired.
- \$500.00 will be given annually from your start date for every year after your first year.

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.

- Hawk Energy LLC 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 my employment, or if I violate any company policy that results in my termination within 6 months of hire, I will be required to pay back all CDL expenses via a payroll deduction on my final paycheck(s).

Date: \_\_\_\_\_

Initials: \_\_\_\_\_



HAWK ENERGY LLC

## Vacation Pay

Eligible employees Vacation Pay policy,

This policy does not grant Vacation Pay to any employee. If you were offered Vacation Pay in your "Offer Letter" or if Vacation Pay is mandated by the state in which you work, that Vacation Pay will be administered as follows.

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 responsibility to manage your Vacation Pay within the total amount you agreed to and to only use Vacation Pay that you have accrued. Once you reach the agreed limit, you are not eligible for additional Vacation Pay. If this





HAWK ENERGY LLC.

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 more than 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 on 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, if required by law.

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.

Date: \_\_\_\_\_

Initials: \_\_\_\_\_



## ***Hawk Energy LLC***

### **Employee Packet**

### **No Smoking Policy**

- 1. No smoking of tobacco products will be allowed within the facilities at any time.**
  - The decision to provide or not provide designated smoking areas outside the building will be at the discretion of management.
  - The designated smoking area will be located at least 20 feet from the main entrance.
  - There will be no smoking allowed within 50 feet of any propane tank, or vehicle transporting liquid petroleum gas.
- 2. No smoking in any company vehicle.**
  - There will be no smoking allowed in vehicles owned or leased by Hawk Energy LLC and its affiliates at any time.
- 3. Breaks**
  - Supervisors will discuss the issue of smoking breaks with their staff. Together they will develop effective solutions that do not interfere with the productivity of the staff.

Any violations of this policy will be handled through the standard disciplinary procedure.

---

Printed name of employee

---

Employee signature of acknowledgement

---

Date





## **Hawk Energy LLC**

### **“Medical Marijuana” Addendum**

Some states have adopted laws allowing the use of medical marijuana. However, Hawk Energy LLC chooses to MODEL their Drug-Free workplace policy after the DOT 49 CFR par 40 regulations. All employees are subject to these federal guidelines in addition to Hawk Energy LLC’s Drug-Free workplace policy.

Marijuana remains a drug listed in Schedule 1 of the Controlled Substances Act. It remains unacceptable for any employee subject to drug testing under the DOT drug testing regulations or Hawk Energy LLC’s Drug-Free workplace policy to use marijuana or products containing THC.

The use of CBD oil, which is a cannabinoid extract from marijuana or hemp plants, may cause a positive drug test result, depending on the product used. Furthermore, some CBD products may contain compounds deemed illegal under federal law, and therefore, the use of such products would violate the company’s substance abuse policy.

Results will not be verified “negative” or excused based upon information that a physician recommended that the employee use “medical marijuana” or an employee’s claim that he or she used a CBD product, even if it is for a claimed medical purpose.

I acknowledge by signing this form Hawk Energy LLC has a zero tolerance for marijuana and/or products containing THC, medical/recreational or otherwise.

---

Employee Name (Please Print)

---

Date

---

Employee Signature



HAWK ENERGY LLC.

### **Drug and Alcohol Plan Acknowledgement**

I acknowledge, by signing this form, that my full compliance with the Drug and Alcohol Plan (the "Plan") and DOT drug and alcohol regulation requirements in a condition of my initial and continued employment with the company. I understand and agree that I may be discharged or otherwise disciplined for any drug and/or alcohol violation committed by me, as cited in the plan and/or in the DOT drug and alcohol regulatory requirements.

I also acknowledge, by signing this form, that a copy of the plan has been made available to me and that I have read and understand the requirements of the company and DOT drug and alcohol program. I understand that this policy can be found in: Chapter 55 of the Hawk Energy LLC HSE Policy at <https://eboilfield.com/safety-manual>

I have also been provided with informational material on the dangers and problems of drug abuse and alcohol misuse.

Signed, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

---

Employee Name (Please Print)

---

Employee Signature

---

Company Representative (Please Print)

---

Company Representative Signature



## Welcome to Hawk Energy LLC

This packet will be a cheat sheet for the paperwork side of your job, but of course you can always call into the office with any questions!

**David:** 435-724-0432

**Ada:** 435-724-3106

**Darlene:** 435-823-4718

**Office:** 435-722-4047

Here is an overview of the information in this packet:

- TSheets
- PO #s
- Work Orders/ Tickets
- Bid work & T&M Work
- Credit Card Receipts

These are all an important part of your job, because these ensure that you receive your paycheck!

### **Important Dates:**

- Every other Monday is Payroll (Subject to change if there are Holidays)
- Every Second Tuesday of the month there is Safety Meeting



## **T-Sheets**

When you first hire on you will receive a T-Sheets link. This is how you record your time each day.

This is what informs the office of the number of hours that you need to be paid for. This needs to be updated **daily**.

- First, Click on Link.
- Second, Fill out your information.
- Third, it will send you a Verification Code

If you haven't already downloaded the app do so now.

- Sign in on the app.
- Hit the green button at the Bottom, and Clock in
- Choose the Customer that you will be working for.
- If the time is **billable** (meaning it will be on a work order / invoiced out) it needs to be set to Customer time.  
If the time is **non-billable** (meaning it will not be on a work order / invoiced out) you need to set your time to E&B time.
- Clock out when done.
- Make sure to fill out a description of the work that you done that day. If there is a Work order # associated with your time add this, as well as who you were working with.
- Your billable time in T-Sheets **MUST MATCH** your billed time on your Work Orders / Tickets.

Again, we ask that this is done daily. Payroll is every other Monday, if your T-Sheets are not updated before Payroll is ran then you will not get paid for missing entries until next Payroll.

## **Wi-Fi**

There is a setting within your app that will not allow your entries to be submitted without Wi-Fi. If you are working in the field this will cause problems. This setting will need to be turned off.

- Click on **More** at the bottom Right-Hand corner.
- Click on **Settings**
- Click on **General**
- Turn off the second option "**Transfer files only over Wi-Fi.**"
- Click on the back arrow at the top of the page to return to **Settings**.
- Click on the last option **Sync Data**
- Once Sync is complete, click on **Reset App**
- Sign in again.

If you still cannot see missing days reach out to the office staff.

## **Work Orders / Tickets**

Work Orders / Tickets need to be created for everything that is billable. This is the work that we will be sending invoices to other companies for our time. Supervisors are the best to ask how to fill these out, but we have attached a basic guide.

A few things to remember when filling out work orders:

- Add all PO#s and AFEs connected to the work order you are filling out.
- For Oil Spills if there is a disposal write down all information regarding that. Including how many yards and tax every item on the invoice. Some companies do not require this such as Orintiv, Scout, and Uinta Wax. You bill those companies at the disposal. If you are not sure if the disposal needs to be added to the ticket, ask your supervisor or Amy!
- Make Sure your time in T-Sheets matches your time on the Work Order.
- Foremans, it is your responsibility to make sure everyone that worked is on there. Laborers, it is your responsibility to make sure your time is in your T-Sheets and matches what will be on the Work order. This requires communication with each other.
- Work Orders / Tickets need to be submitted frequently so that gives an adequate amount of time for Office Staff to review and correct before Payroll Monday.
- Any parts that are purchased for jobs that are billable you must let the stores know this, so we are not taxed for the purchase of these items. On your work orders you must write down all parts used and make sure to add tax to these items.
- Amy always has a current price list of equipment and labor. Please keep track of the cost of parts. These parts should be marked up 20%

## **PO #s**

Purchase orders or PO #s is what helps the company keep track of purchases. As well as making sure any bills the company receives are correct. This also is used to show approval of purchases that are made.

Supervisor approval is needed to gain a PO # and in turn make a purchase.

Order of events for getting a PO #

- Speak with Supervisor, gain approval.
- Call into the office and ask for a PO #
- Let them know what you are purchasing, from where, what it is for, if there is a Unit # associated with it, and if it is billable or not.
- Then when you go to the store to make your purchase inform them what PO # you are using.

OR

- On the filing cabinets above Amy's Desk there is a notepad that is the PO list. Please fill out all the information and take your PO #.

You should have a PO # for every purchase made. This keeps everything in order.



## **Bid Work Vs. T&M**

Recently we have added Bid work into Hawk Energy (Fervo is the best example). This can become a little confusing especially when it comes to T-Sheets and filling out a work order.

It is important that you ask your supervisors if the work you are doing that day is Bid work or if it is T&M.

Bid work is work that we have already accounted for your hours and will be billing for.

T&M is additional work for a company that has not been accounted for so it is important to create work orders / tickets for those hours.

Supervisors, communicate with the laborers on this job how to Key their time. It is also important to inform the Foreman if they should be creating a work order.

Laborers/Foreman, seek out clarification.

In T-Sheets if the work you are performing falls under the scope of the bid work you need to key it as such. ( Fervo BID Work)

If it is T&M you need to Key it differently. ( Fervo Energy )

## **Credit Card Receipts**

When you make a purchase with a credit card you must obtain a receipt every time. When you get these receipts, you need to turn them in with the correct information.

- What it is
- What it is for
- If the purchase is billable or not
- If there is a Unit # associated with it
- What Class it goes to ( Roustabout, UT misc, etc.)



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 (Truck, Tractor/Trailer, Tank, etc.)	Dates		Approx. Mileage Driven (Total)
	FROM	TO	

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

Date	Location	Violation	Commercial Vehicle	
			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)

Date	Nature of Accident	Fatalities	Injuries

**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

<b>PART 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>
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:	
<b><u>E&amp;B Oilfield Services</u></b> 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 _____

<b>PART 2</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
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  
Time pm  
\_\_\_\_\_  
Driver's Signature

On: \_\_\_\_\_  
Day Month Year  
\_\_\_\_\_  
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.

(Check One)

Are you currently working for another employer?

☐ 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: \_\_\_\_\_



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## **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

# E&B OILFIELD SERVICES INC.

## General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, \_\_\_\_\_ (Driver Name), hereby provide consent to E&B OILFIELD SERVICES INC. to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that this consent is valid from the date of my signature through the term of my employment with E&B OILFIELD SERVICES INC..

I understand that this consent is good for an unlimited number of "limited queries" that will be conducted for the duration of my employment with E&B OILFIELD SERVICES INC..

I understand that if the limited query conducted by E&B OILFIELD SERVICES INC. and/or the company's c/TPA Intermountain Toxicology Collections Inc. indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to E&B OILFIELD SERVICES INC. without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for E&B OILFIELD SERVICES INC. and/or the company's c/TPA Intermountain Toxicology Collections Inc. to conduct a limited query of the Clearinghouse, E&B OILFIELD SERVICES INC. must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### CDL/CLP Information as it appears on the drivers CDL/CLP

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

JR/SR I, II, III ETC. (IF APPLICABLE): \_\_\_\_\_

CDL/CLP # & ISSUING STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**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, LLCAddress: 1798 W 3250 N City: Roosevelt St: UT Zip: 84066Phone: 435-722-4046 Fax: 435-722-4047 E-mail: darlene@eboilfield.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