

NEW DOT HIRE PACKET

New Hire Onboarding Requirements

1. Pre-Employment Drug Test

All new hires are required to complete a pre-employment drug test before beginning work.

- CDL employees: Must complete an FMCSA (DOT) test
- Line locating employees: Must complete a PHMSA test
- All other employees: Must complete a Non-DOT test

2. Chain of Custody Form

The employee must sign the Chain of Custody form when submitting their UA (urinalysis) for the pre-employment drug test.

A copy of the Chain of Custody form must be included with the rest of the onboarding paperwork when sent to the office.

3. Offer Letter

The employee must sign the offer letter.

The offer letter must be returned with the other new hire documents.

Please be sure to include the employee's START DATE.

4. Driver's License

A copy of the employee's driver's license (front and back) must be included with the onboarding paperwork sent to the office.

5. Social Security Card OR Birth Certificate

A copy of the employee's Social Security card OR birth certificate must be included with the onboarding paperwork sent to the office.

6. Selfie (Passport-Style Photo)

Take a clear, passport-style selfie photo of the employee. This will be used to enter the employee into ISNetworld.

Many of the companies we work for require employees to be entered into this database.

If the employee will NOT be working in the field, this step may be skipped.

7. New Hire Packet

Complete the New Hire Packet in full and in detail.

- W-4 must be completed and signed
- I-9 must be completed and signed
- Direct Deposit Form must be completed (we only offer direct deposit)

All pages must be initialed and dated to confirm the employee has received and understands the information.

8. CDL / DOT Employees

If the employee has a CDL driver's license, they must complete the CDL packet, even if they will not be driving commercial vehicles for the company.

This packet must be returned with the rest of the new hire documents when sent to the office.

AT-WILL EMPLOYMENT ACKNOWLEDGEMENT

Employment with the Company is **at-will**. This means that either the employee or the Company may terminate employment at any time, with or without cause, and with or without notice, subject to applicable law.

Nothing in this New Hire Packet, Company policies, procedures, statements, or verbal communications creates a contract of employment, express or implied, for any specific duration.

The Company reserves the right to modify, revoke, suspend, terminate, or change any policies, procedures, benefits, or work rules at any time, with or without notice.

Only Company ownership has the authority to enter into an agreement that alters the at-will nature of employment, and any such agreement must be **in writing and signed by Company ownership**.

Employee Acknowledgement

I acknowledge that I have read and understand this At-Will Employment Statement and agree that my employment is at-will.

Employee Name (Print): _____

Employee Signature: _____

Date: ____ / ____ / ____

PAYROLL

- Payroll is processed every other Monday.
- Direct deposits are typically issued based on your financial institution:
 - Banks: Deposit usually posts the following Wednesday
 - Credit Unions: Deposit usually posts the following Tuesday
- Your pay stub will be emailed to you each pay period
 - The pay stub attachment is password protected.

Pay Stub Password

Your password is:

First 4 letters of your last name + last 4 digits of your Social Security Number

- No spaces
- No capital letters

Example:

Last name: *Smith* / SSN last 4: *1234* → *smit1234*

To ensure you are paid correctly for all time worked, we expect you to submit your time accurately and on time.

Employee's Withholding Certificate

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

OMB No. 1545-0074

2026

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying 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.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

TIP: Consider using the estimator at 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.

Step 2:
Multiple Jobs or Spouse Works

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 www.irs.gov/W4App 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate ☐

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

Step 3:
Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a)	\$
(b) Multiply the number of other dependents by \$500	3(b)	\$
Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here	3	\$

Step 4:
Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here	4(b)	\$
(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet both of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 <input type="checkbox"/>
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Step 5:
Sign Here

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
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Employers Only

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

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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

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 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 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 of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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.

- 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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) **4** \$ _____

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	1b \$ _____
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	Home mortgage interest. If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	Limitation on itemized deductions.	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: { <ul style="list-style-type: none"> • \$768,700 if you're married filing jointly or a qualifying surviving spouse • \$640,600 if you're single or head of household • \$384,350 if you're married filing separately }	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	Standard deduction.	
Enter:	{ <ul style="list-style-type: none"> • \$32,200 if you're married filing jointly or a qualifying surviving spouse • \$24,150 if you're head of household • \$16,100 if you're single or married filing separately }	11 \$ _____
12	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	12 \$ _____
13	Add lines 11 and 12. Enter the result here	13 \$ _____
14	If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12	14 \$ _____
15	Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4	15 \$ _____

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	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

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	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

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	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190



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
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.		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. An alien authorized to work until (exp. date, if any)				
		If you check Item Number 4. , 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		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the 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. 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 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
Acceptable Receipts 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"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	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 (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) 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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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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 (<i>if applicable</i>)	New Name (<i>if applicable</i>)			
Date (<i>mm/dd/yyyy</i>)	<table style="width: 100%; border: none;"><tr><td style="width: 40%; border-bottom: 1px solid black;">Last Name (Family Name)</td><td style="width: 40%; border-bottom: 1px solid black;">First Name (Given Name)</td><td style="width: 20%; border-bottom: 1px solid black;">Middle Initial</td></tr></table>	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Last Name (Family Name)	First Name (Given Name)	Middle Initial		

Reverification: 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) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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.

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

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)			
Date (<i>mm/dd/yyyy</i>)	<table style="width: 100%; border: none;"><tr><td style="width: 40%; border-bottom: 1px solid black;">Last Name (Family Name)</td><td style="width: 40%; border-bottom: 1px solid black;">First Name (Given Name)</td><td style="width: 20%; border-bottom: 1px solid black;">Middle Initial</td></tr></table>	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Last Name (Family Name)	First Name (Given Name)	Middle Initial		

Reverification: 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) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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.

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

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)			
Date (<i>mm/dd/yyyy</i>)	<table style="width: 100%; border: none;"><tr><td style="width: 40%; border-bottom: 1px solid black;">Last Name (Family Name)</td><td style="width: 40%; border-bottom: 1px solid black;">First Name (Given Name)</td><td style="width: 20%; border-bottom: 1px solid black;">Middle Initial</td></tr></table>	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Last Name (Family Name)	First Name (Given Name)	Middle Initial		

Reverification: 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) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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.

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

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Direct Deposit Authorization

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

Name of Bank _____

Bank Account Number _____ **Checking,** _____ **Savings** _____

Bank Routing Number _____

Amount \$ _____ **or entire paycheck** _____

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

Employee Name (Print): _____

Employee Signature: _____

Date: ____ / ____ / ____

EMERGENCY CONTACT FORM

Employee Information

Employee Name: _____

Phone Number: _____

Home Address: _____

City, State, ZIP: _____

Date: ____ / ____ / ____

Primary Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Alternate Phone: _____

Address (optional): _____

Secondary Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Alternate Phone: _____

Employee Acknowledgement

I certify that the information listed above is accurate to the best of my knowledge.

Employee Signature: _____ Date: ____ / ____ / ____

EMPLOYEE CONDUCT, ZERO TOLERANCE, TRUCK DRIVING POLICY & SEATBELT POLICY

This policy is a condition of employment. Any employee found violating any of the following rules may be subject to disciplinary action, up to and including termination.

Zero Tolerance Conduct Rules

The following actions are strictly prohibited:

1. Driving a company-owned or company-authorized vehicle outside of company time or without the owner's consent.
2. Possession, use, or being under the influence of alcohol or illegal drugs while on the job.
3. Irresponsible behavior or actions that endanger others, including behavior that could result in injury or death.
4. Arguing or fighting with any personnel, including individuals the company is working for at any time.
5. Possession of a weapon in a company-owned or authorized vehicle, or at any jobsite/location.
6. Failure to report any driving violations (on-duty or off-duty). All violations must be reported to the employer immediately for review. Failure to follow all DOT, Federal, State, and Local laws at all times.
7. Transporting passengers in a company-owned or authorized vehicle without supervisor approval, unless the situation is determined to be dangerous or life-threatening.

Motor Vehicle Record (MVR) Requirement

It is company policy to maintain a current Motor Vehicle Record (MVR) for all employees on file. Upon employment, all employees may be required to provide an updated MVR to the employer.

Seat Belt Policy

Seat belts are extremely effective in preventing injury and loss of life and are required by law. For the safety of all employees:

- Seat belts must be worn at all times when operating a company-owned or authorized vehicle.
- Seat belts must also be worn in any vehicle on company premises or company property.
- All occupants must wear seat belts, or where appropriate, child restraints, while riding in:
 - a company-owned vehicle, or
 - a personal vehicle being used for company business.

Failure to follow this policy may result in disciplinary action. In the event of an injury, failure to comply may also result in a reduction of workers' compensation benefits.

Employee Acknowledgement By signing below, I acknowledge that I have read and understand this policy. I understand that violation of this policy may result in disciplinary action, up to and including termination.

Employee Signature: _____

Date: ____ / ____ / ____

CELL PHONE USAGE POLICY

We may issue a cellular phone to employees who need to communicate for job-related purposes. While cell phones are a necessary part of business, employees are required to follow the guidelines below to ensure safety and proper usage.

Personal Cell Phone Use

Personal cell phone use should be limited to necessary calls only during work hours.

Cell Phone Use While Driving

The Company has a zero-tolerance policy regarding distracted driving, including violation of any state cell phone laws.

For the safety of employees and others:

- Employees must follow all state cell phone usage laws in the states where they drive.
- If you are unsure of the law, you must pull over and stop in a safe location before:
 - dialing
 - texting
 - receiving messages
 - using the phone in any way

This includes use of both Company-issued and personal cell phones while operating a company vehicle.

Other Electronic Devices While Driving

Use of personal electronic devices while driving is prohibited, including but not limited to:

- GPS devices
- iPods / music devices
- cameras
- computers or tablets

If these devices are necessary for your job duties, you must pull over and stop in a safe location before using them.

Policy Changes & Discipline

The Company reserves the right to amend or alter this policy at any time. Violations of this policy may result in disciplinary action up to and including termination.

Employee Acknowledgement By signing below, I acknowledge that I have read and understand this Cell Phone Usage Policy and agree to follow it.

Employee Signature: _____ Date: ____ / ____ / ____

CARGO SECUREMENT POLICY (FMCSA COMPLIANCE) RGO SECUREMENT POLICY (FMCSA COMPLIANCE)

The Federal Motor Carrier Safety Administration (FMCSA) has 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 these rules. The Company requires that these rules be followed for all loads.

Covered Cargo

This policy applies to all types of cargo, except bulk commodities that do not have a fixed shape or structure, such as: **Liquids, Gases, Grain, Liquid Concrete, Sand, Gravel, Aggregates.**

These bulk materials are typically transported in a tank, hopper, box, or similar device that forms part of the structure of the commercial motor vehicle.

Securement Equipment Condition

All vehicle structures, systems, parts, and components used to secure cargo must be in proper working order when used. Securement equipment must not have: **damaged components, weakened components and any condition that could reduce securement performance.**

Tiedown Requirements

Tiedowns must be attached and secured in a way that prevents them from: **becoming loose, unfastening, opening, releasing** while the vehicle is in transit.

If the trailer is equipped with rub rails, tiedowns and cargo securement components must be located inboard of the rub rails whenever practicable.

Edge Protection

Edge protection must be used whenever a tiedown could be subject to abrasion or cutting where it contacts the cargo. Edge protection must be strong enough to resist: **abrasion, cutting, crushing.**

Cargo Immobilization

Cargo must be firmly immobilized or secured on or within a vehicle using one or more of the following: **structures of adequate strength, dunnage (loose materials used to support and protect cargo), shoring bars, tiedowns, a combination of these methods**

Rolling Cargo

Any cargo likely to roll must be restrained using: **chocks, wedges, a cradle or other equivalent means to prevent the cargo from rolling during transport.**

Minimum Number of Tiedowns

The minimum number of tiedowns required is as follows: **One (1) tiedown for articles that are 5 feet or less in length AND 1,100 lbs. or less in weight, Two (2) tiedowns if the article is:** 5 feet or less in length and more than 1,100 lbs., OR greater than 5 feet but less than 10 feet, regardless of weight

Accessory Equipment / Articulated Vehicles

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

Heavy Equipment / Machinery

Heavy equipment or machinery with crawler tracks or wheels must be restrained against movement in the: **lateral, forward, rearward, vertical** direction using a minimum of four (4) tiedowns.

Each tiedown must be affixed as close as practicable to: **the front and rear of the vehicle, OR mounting points specifically designed for securement**

Additional Information

If the type of load being hauled is not addressed in this policy, refer to:

49 CFR Part 393, Subpart I

(Protection Against Shifting and Falling Cargo)

Employee Acknowledgement

By signing below, I acknowledge that I have read and understand the Cargo Securement Policy and agree to follow all cargo securement requirements.

Employee Name (Print): _____

Employee Signature: _____

Date: ____ / ____ / ____

SEXUAL HARASSMENT PREVENTION POLICY

The Company is committed to maintaining a professional work environment that is safe, respectful, and free from harassment, discrimination, intimidation, and retaliation. Sexual harassment is strictly prohibited. This policy applies to all employees, supervisors, managers, applicants, temporary employees, contractors, vendors, and anyone interacting with our workforce.

This policy applies to conduct that occurs: **at any Company worksite or job location, in Company vehicles, during travel for work, during work-related meetings or events, through phones, texts, emails, social media, and any other communication methods.** Violation of this policy may result in disciplinary action up to and including termination.

What Is Sexual Harassment

Sexual harassment is unwanted conduct of a sexual nature that interferes with someone's work, creates an intimidating or hostile work environment, or affects employment decisions. Sexual harassment may be verbal, physical, visual, or written.

Examples of Prohibited Conduct: Sexual harassment may include, but is not limited to:

Verbal Harassment: sexual jokes, comments, or stories, unwanted flirting or repeated requests for dates, comments about someone's body, clothing, appearance, or sexual activity and/or sexual slurs or offensive nicknames.

Physical Harassment: unwanted touching, hugging, grabbing, kissing, or brushing against someone, blocking someone's path or standing too close or any physical contact that makes someone uncomfortable.

Visual or Written Harassment: sexual pictures, posters, drawings, or gestures, sending sexual texts, photos, videos, or messages, sharing inappropriate memes or content, staring, leering, or making sexual gestures.

Workplace Abuse of Power: offering benefits in exchange for sexual favors, threatening job loss, reduced hours, or punishment for rejecting advances, using authority to pressure someone into unwanted behavior

Zero Tolerance

The Company has a zero-tolerance policy for sexual harassment. Sexual harassment is prohibited regardless of: **gender, sexual orientation, marital status, job title or rank, whether the conduct occurs between employees, supervisors, customers, clients, vendors, or contractors**

Consent & Unwanted Behavior

Consent must be clear and mutual. Even if someone did not object immediately, the conduct may still be harassment if: **it was unwanted, it continued after discomfort was shown, it created an intimidating, hostile, or offensive environment.**

"I didn't mean it like that" is not an excuse.

Reporting Harassment

Any employee who experiences or witnesses sexual harassment is encouraged to report it immediately. Reports may be made to: **a supervisor, a manager, Human Resources (if applicable), Company ownership.** Employees may bypass their supervisor if the supervisor is involved in the complaint.

Confidentiality & Investigation

All reports will be taken seriously and handled as confidentially as possible. The Company will: **investigate promptly and fairly, document findings, take appropriate corrective action when needed.**

False or malicious reports may result in disciplinary action.

Non-Retaliation Policy

Retaliation is strictly prohibited. The Company will not tolerate retaliation against any employee who: **reports harassment, participates in an investigation, supports another employee making a report**

Retaliation may include threats, punishment, reduced hours, intimidation, exclusion, or termination. Retaliation is a serious violation and may result in disciplinary action up to and including termination.

Employee Acknowledgement

By signing below, I acknowledge that I have read and understand the Sexual Harassment Prevention Policy. I understand that sexual harassment and retaliation are prohibited and may result in disciplinary action up to and including termination.

Employee Name (Print): _____

Employee Signature: _____

Date: ____ / ____ / ____

NO SMOKING / TOBACCO / VAPING POLICY

The Company is committed to providing a safe, clean, and professional work environment for all employees, clients, and visitors. To protect employee health and maintain compliance with client and jobsite rules, the Company has a No Smoking Policy.

Policy Overview

Smoking, vaping, or use of tobacco/nicotine products is prohibited in the following areas: **inside any Company building, office, or indoor work area, inside Company-owned or Company-authorized vehicles, inside customer or client facilities (including parking areas when posted), in any designated “No Smoking” areas at jobsites or locations.**

This policy applies to all employees, contractors, and visitors.

Jobsites & Client Rules

Many jobsites and companies we work for have strict no smoking rules. Employees are required to follow: **all posted jobsite rules, all client requirements, and all state and local laws.**

Designated Smoking Areas

If a jobsite or Company location provides a designated smoking area, employees may only smoke in those approved areas and must: **dispose of all cigarette butts/trash properly, keep the area clean, never smoke near flammable materials, equipment, or fuel.**

Violations & Discipline

Violations of this policy may result in disciplinary action up to and including termination.

Employee Acknowledgement

By signing below, I acknowledge that I have read and understand the No Smoking / Tobacco / Vaping Policy and agree to follow it.

Employee Name (Print): _____

Employee Signature: _____ Date: ____ / ____ / ____

DOT DRUG & ALCOHOL POLICY

The Company complies with the Federal Motor Carrier Safety Administration (FMCSA) drug and alcohol regulations found in **49 CFR Part 382**. This policy applies to all employees who perform **DOT-regulated safety-sensitive functions**, including CDL drivers.

Prohibited Conduct

Employees are prohibited from: **Using, possessing, distributing, or being under the influence of alcohol or prohibited drugs while on duty, Reporting for duty with any measurable amount of alcohol or prohibited substances in their system, Refusing to submit to required drug or alcohol testing.**

Required DOT Testing

DOT-regulated employees are subject to drug and alcohol testing under the following circumstances: **Pre-employment, Random, Post-accident, Reasonable suspicion, Return-to-duty, Follow-up.**

Consequences

Any violation of DOT drug and alcohol regulations may result in:

- Immediate removal from safety-sensitive duties
- Referral to a Substance Abuse Professional (SAP)
- Disciplinary action up to and including termination

Compliance Requirement

DOT regulations **do not allow marijuana use**, including medical marijuana, for employees in DOT-regulated positions.

Employee Acknowledgement

I acknowledge that I have read and understand the DOT Drug & Alcohol Policy and agree to comply with all DOT testing requirements and regulations.

Employee Name (Print): _____

Employee Signature: _____

Date: ____ / ____ / ____

MEDICAL MARIJUANA ADDENDUM

The Company is committed to maintaining a safe, professional, and drug-free workplace. This addendum is intended to clarify how medical marijuana is handled under Company policy. This policy applies to all employees, applicants, contractors, and anyone operating Company-owned or Company-authorized vehicles or equipment.

Medical Marijuana Use

The Company recognizes that some employees may be legally authorized to use medical marijuana under state law. However, medical marijuana does not change the Company's safety requirements, drug testing policies, or client/job site rules.

No Impairment at Work (Zero Tolerance)

Employees are strictly prohibited from being impaired while on duty. This includes impairment caused by: **marijuana (medical or recreational), THC products, edibles, vaping or smoking marijuana, any substance that affects alertness, judgment, reaction time, or safety.**

Employees may not work while impaired, including while: **on any jobsite, operating vehicles, driving to or from job locations during work hours operating tools, machinery, or equipment.**

DOT / CDL Employees

Employees in DOT-regulated positions, including CDL holders, must comply with FMCSA regulations. DOT regulations do not allow marijuana use, even with a medical marijuana card. Any employee required to complete DOT testing is subject to DOT rules and consequences.

Company Vehicles, Equipment & Safety-Sensitive Work

For safety reasons, employees may not use marijuana in any form: **in Company vehicles, while operating Company equipment, while performing safety-sensitive duties**

Violation may result in disciplinary action up to and including termination.

Employee Acknowledgement

By signing below, I acknowledge that I have read and understand this Medical Marijuana Addendum. I understand that marijuana use does not permit impairment at work and that DOT and Company policies may still apply regardless of state authorization.

Employee Name (Print): _____

Employee Signature: _____ Date: ____ / ____ / ____

FIELD EMPLOYEE STATEMENT OF UNDERSTANDING

This acknowledgement confirms that the employee understands and agrees to follow Company policies, jobsite rules, and safety requirements while working in the field.

General Field Expectations

- Report to work on time and ready to work.
- Follow supervisor direction and all client/jobsite rules.
- Maintain professional conduct with coworkers, clients, and the public.
- Work safely at all times and report hazards, incidents, or near-misses immediately.
- Keep Company vehicles, equipment, and job sites clean and organized.

FR Clothing & PPE Requirements

- Employees are required to wear FR clothing (and any additional PPE required by the jobsite).
- Employees will be provided a FR clothing allowance of \$500 per calendar year.
- Allowance is for approved FR items only and is intended to keep employees in compliant FR gear.
- Employees are responsible for maintaining and caring for their FR clothing and PPE.

FR Allowance Repayment Requirement (Initial Required) If an employee is terminated or voluntarily leaves employment within 90 days of hire, the employee agrees they are required to repay the Company for any FR allowance funds used, up to the full \$500.

Employee Initials: _____ **Date:** ____ / ____ / _____

Safety Rules (Zero Tolerance)

- No drugs or alcohol on Company time or at any jobsite.
- No fighting, threats, harassment, or unsafe horseplay.
- Seatbelts are required at all times in Company vehicles.
- No texting or handheld phone use while driving.

Failure to follow these expectations may result in disciplinary action, up to and including termination.

Employee Name (Print): _____

Date: ____ / ____ / _____

Employee Signature: _____

COMPANY CDL POLICIES (CDL TRAINING & PAYBACK AGREEMENT)

Upon hire, each new truck driving employee will be required to obtain a Commercial Driver's License (CDL).

The Company will pay for the employee's CDL training and licensing expenses. If the employee is required to take a CDL class through the college, the Company will pay for the class cost. The Company will not pay employee wages for time spent attending the CDL class.

CDL EXPENSE REPAYMENT REQUIREMENT (90 DAYS)

By dating and initialing below, I acknowledge and understand that if I: **voluntarily terminate employment, OR violate any Company policy that results in termination** within 90 days of hire, I will be required to repay all CDL-related expenses.

Repayment will be made through a payroll deduction from my final paycheck(s), as allowed by law.

Employee Acknowledgement (Initial Required)

Employee Initials: _____ Date: ____ / ____ / ____

Employee Name (Print): _____

Employee Signature: _____

VACATION PAY POLICY

It is the policy of the Company to grant eligible employees annual vacation pay. Vacation pay will be accrued at a specified rate and must be used within the same year it was accrued.

Vacation Year / Fiscal Year End

- Vacation time must be used within the same year it is accrued.
- The end of the fiscal year is defined as the last day of the last two-week pay period, regardless of whether that pay period rolls into the next calendar year.
- At the payroll end date of the last pay period, vacation time will be zeroed out, except for Colorado (CO) employees, who by law may roll over up to a total of 80 hours.
- The employee will begin accruing vacation time for the next year the following day.
- The final payroll end date may roll into the next calendar year by up to 13 days.
- In this case, the employee would not begin accruing vacation time for the new year until January 14th.
- The employee may still use accrued vacation time up until January 13th of that year.

Requesting Vacation Time

- Employees must notify their direct supervisor a minimum of five (5) business days in advance of taking vacation time unless special circumstances arise and are agreed upon with their supervisor.
- All vacation requests must be submitted to the employee's direct supervisor and approved prior to using vacation time.
- Requests will be reviewed with a focus on company needs, deadlines, and requirements during the requested vacation dates.
- The direct supervisor will inform the employee within three (3) business days of receiving the request whether it is approved or denied.

Vacation Accrual Rate

- If you are eligible for vacation pay, you have been told how many hours you may accrue annually.
- Your annual vacation hours will be divided by 26.6 to determine your accrual rate per hour worked.

Examples:

- **If eligible for 80 hours/year, vacation accrues at approximately 3 minutes per hour worked.**
- **If eligible for 40 hours/year, vacation accrues at approximately 1.5 minutes per hour worked.**

Using Vacation Time (Limits & Overuse)

- Each employee has been told how many hours they are eligible to accrue and use.
- It is the employee's responsibility not to use more vacation time than has been accrued and/or not to exceed the total amount eligible each year.
- If vacation time is used in excess of what has been accrued, the extra hours paid by the Company will be deducted from the employee's immediately following paycheck.
- This may include, but is not limited to, deducting from overtime hours if the employee went into overtime during that following pay period.

Minimum Increments

- Vacation time must be taken in a minimum of half-day increments (4 hours) up to a full-day increment of 8 hours.
- Vacation time cannot be used for non-normal workdays such as weekends unless the employee regularly works those days throughout the year and/or was supposed to be on-call during those days.

Vacation Pay and Overtime

- The only exception to using vacation pay in excess of 40 hours in a pay week (Sunday–Saturday) is if the employee has already worked up to 40 hours and then takes approved vacation time afterward.

Example:

- **If you work 38 hours by Thursday afternoon and normally work Friday, and you obtain supervisor approval in advance to take Friday off as vacation, your total would be 46 hours for that pay week. This is allowed.**

- Vacation pay will only be paid at the employee's regular hourly pay rate, or salary divided by 2,080 hours (40 hours per week for one year).
- Vacation time will not be paid at an overtime rate.

Holidays

If you take vacation during a holiday week and are eligible for paid holidays, you will not be deducted vacation time for the paid holiday days.

Employee Acknowledgement

I have read, understand, and acknowledge receipt of the Vacation Pay 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.

Employee Name (Print): _____

Employee Signature: _____

Date: ____ / ____ / ____

TPS ALERT CONSENT & RELEASE OF DRUG / ALCOHOL TESTING RESULTS

The Company may be required to use third-party compliance systems and client-required databases for employee qualification, jobsite access, and safety compliance. By signing below, the employee provides consent for the Company to request, receive, and review drug and alcohol testing information as required for employment.

TPS ALERT CONSENT

I authorize the Company to enter my information into TPS Alert (or similar compliance tracking systems) as required by the Company or its clients. I understand that TPS Alert may contain information related to my qualifications and compliance status, including but not limited to: **drug and alcohol testing history (when applicable), background/compliance records (when applicable), jobsite/client approval requirements.**

RELEASE OF DRUG / ALCOHOL TESTING RESULTS

I authorize any testing facility, laboratory, Medical Review Officer (MRO), or third-party administrator (including but not limited to ITC and/or DISA) to release my drug and/or alcohol testing results to: **The Company, The Company's designated representatives, Third-party compliance systems used for employment purposes (including TPS Alert, when required)**

This authorization includes results related to (when applicable):

- pre-employment testing
- random testing
- post-accident testing
- reasonable suspicion testing
- return-to-duty and follow-up testing

PURPOSE OF RELEASE

I understand that drug and alcohol testing results are used for employment-related purposes, including: **hiring decisions, jobsite access / client compliance, safety and risk management requirements, DOT/FMCSA compliance (if applicable)**

CONFIDENTIALITY

The Company will handle testing results as confidential and will only share information when necessary for: **legal compliance, DOT compliance (if applicable), client/jobsite compliance requirements, employment decisions**

VOLUNTARY CONSENT I understand that refusal to sign this authorization may impact my ability to be hired and/or assigned to certain jobsites.

Employee Authorization

Employee Signature: _____

Date: ____ / ____ / ____

APPLICANT CERTIFICATION & AUTHORIZATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in refusal to hire or termination if discovered after employment begins.

I authorize the Company to verify employment, driving history, and other information as needed for employment purposes, including requesting my **Motor Vehicle Record (MVR)** and conducting applicable **DOT/FMCSA compliance queries**.

Applicant Name (Print): _____

Applicant Signature: _____

Date: ____ / ____ / ____

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

Instructions

When employed by a motor carrier, a driver must report to the carrier all on-duty time, including time working for other employers.

The definition of on-duty time is found in **49 CFR 395.2** and includes time performing any other work as an employee, in the employ or service of a common, contract, or private motor carrier, as well as performing any compensated work for any non-motor carrier entity.

Other Employment Disclosure

1. Are you currently working for another employer?

☐ Yes ☐ No

2. At this time, do you intend to work for another employer while still employed by this Company?

☐ Yes ☐ No

Certification

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

Driver Signature: _____ **Date:** ____ / ____ / ____

Witness (Company Representative): _____ **Date:** ____ / ____ / ____

DRIVER STATEMENT OF ON-DUTY HOURS (FOR NEWLY HIRED DRIVERS)

Instructions

Motor carriers using a driver must obtain a signed statement from the driver that shows the total time on-duty during the **immediately preceding 7 days**, and the time the driver was last relieved from duty prior to beginning work for the motor carrier. This is required under **49 CFR 395.8(j)(2)**.

NOTE: Hours worked for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Information

Driver Name (Print): _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____

Type of License: ☐ CDL ☐ Non-CDL State: _____

Endorsements (if applicable): _____

Restrictions (if applicable): _____

On-Duty Hours (Previous 7 Days)

Fill in hours worked for each day listed below:

Day	1 (Yesterday)	2	3	4	5	6	7
Date	_____	_____	_____	_____	_____	_____	_____
Hours Worked	_____	_____	_____	_____	_____	_____	_____

Last Time Relieved From Work

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:

Time: _____ ☐ AM ☐ PM On (Date): ____ / ____ / ____

Driver Signature: _____ Date: ____ / ____ / ____