

NEW 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.

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.

DRUG TEST AUTHORIZATION (PRE-EMPLOYMENT)

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

Testing Locations

Drug testing must be completed through Intermountain Toxicology Collections at one of the following locations:

Roosevelt Location:
Intermountain Toxicology Collections
248 N Union St
Roosevelt, UT 84066

Colorado Location:
ErgoMed Work Systems
4663 W 20th Street Rd
Greeley, CO 80634

Vernal Location:
Intermountain Toxicology Collections
38 E 100 N
Vernal, UT 84078

Services to be Performed (circle all that apply):

ITC DOT FMCSA Drug

ITC DOT FMCSA Alcohol

ITC DOT PHMSA Drug

ITC Non-DOT Drug

ITC Non-DOT Alcohol

Employee Authorization

By signing below, I authorize the company to request and obtain drug testing results for employment purposes.

Employee Name (Print): _____

Employee Signature: _____

Date: ____ / ____ / ____

E&B DOT: IMQ.VERN.EBOILFLD
HAWK DOT: IMQ.VERN.4292285

E&B NON DOT: IM.,NVER.EBOILFLD
HAWK NON DOT: IMQ.NVER.4292285

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)

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: ____ / ____ / ____

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/jobsite 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: ____ / ____ / _____