

Post Hire Paperwork



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

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

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

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

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

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

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

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

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

Signature of Employee: _____	Today's Date (mm/dd/yyyy) _____
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Preparer and/or Translator Certification (check one):

<input type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
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(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page



Form **W-4**Department of the Treasury
Internal Revenue Service**Employee's Withholding Certificate**

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**▶ **Give Form W-4 to your employer.**▶ **Your withholding is subject to review by the IRS.****2020****Step 1:
Enter
Personal
Information**

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

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

**Step 2:
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 most accurate withholding for this step (and Steps 3-4); or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ☐

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

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

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

**Step 5:
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**

**Employers
Only**

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Future Developments

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

Purpose of Form

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

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

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

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

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

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

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

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

Specific Instructions

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

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

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

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



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

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

Step 4 (optional).

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

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

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

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

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

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

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. **1 \$** _____
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a \$** _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b \$** _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c \$** _____
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4 \$** _____

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

- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income **1 \$** _____
- 2 Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2 \$** _____
- 3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . **3 \$** _____
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . **4 \$** _____
- 5 Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5 \$** _____

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

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

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

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

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 89,999	1,080	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

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

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Pubic Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 49 CFR 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant Name (Printed):

Applicant Signature:

Date:





Motor Vehicle Driver's CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in interstate, intrastate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:** Section 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to:
 - 1) your employing motor carrier, and
 - 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License Number _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date: _____

Notes:

DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired Drivers or Intermittent Use Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time or intermittently, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to the beginning work for the carrier, as required by Section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations.

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

This form should be completed on the day the driver is scheduled to begin driving an commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name (Print) _____ Drivers License # _____

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

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

_____ A.M.
_____ P.M. On _____
Month / Day / Year

Driver's Signature

Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

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

(Check One)

Are you currently working for another employer?

☐ Yes ☐ No

At this time do you intend to work for another employer while still employed by this company?

☐ Yes ☐ No

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

Driver's Signature

Date

Witness - Company Representative

Date

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE																				
<p>I, (Print Name) </p> <p style="text-align: center; margin-left: 100px;">First M.I. Last</p> <p>Hereby Authorize: Social Security Number</p> <p>Previous Employer: _____ Date of Birth _____</p> <p>Street: _____ Email: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Fax No.: _____</p> <p>To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____</p> <p style="text-align: right; margin-right: 100px;">(employment application date)</p> <p>To: Prospective Employer: Altitude Energy LLC</p> <p>Attention: _____ Telephone: _____</p> <p>Street: 26400 I-76 Frontage Road</p> <p>City, State, Zip: Keenesburg, CO 80643</p> <p>In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.</p> <p>Prospective employer's email address: _____</p> <p>Prospective employer's fax number: _____</p> <p></p> <p style="text-align: center; margin-top: 10px;">Applicant's Signature Date</p> <p style="text-align: center; font-size: small;">This information is being requested in compliance with §40.25(g) and 391.23.</p>																					
PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																				
ACCIDENT HISTORY																					
<p>The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed as _____ from (m/y) _____ to (m/y) _____</p> <p>Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type?</p> <p>Straight Truck <input type="checkbox"/> Tractor Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples Other (Specify) _____</p> <p>Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> sign below and return.</p> <p>ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here <input type="checkbox"/> if there is no accident register data for this driver.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 20%;">Location</th> <th style="width: 15%;"># Injuries</th> <th style="width: 15%;"># Fatalities</th> <th style="width: 35%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:</p> <p>_____</p> <p>Any other remarks: _____</p> <p>Signature: _____ Title: _____</p> <p>Date: _____</p>		Date	Location	# Injuries	# Fatalities	Hazmat Spill	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Date	Location	# Injuries	# Fatalities	Hazmat Spill																	
_____	_____	_____	_____	_____																	
_____	_____	_____	_____	_____																	
_____	_____	_____	_____	_____																	

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:

TO BE COMPLETED BY PREVIOUS EMPLOYER

Applicant Name: [REDACTED] **DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES ☐ NO ☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES ☐ NO ☐
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES ☐ NO ☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES ☐ NO ☐
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES ☐ NO ☐
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES ☐ NO ☐

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Part 3 Completed by (Signature): _____ Date: _____

PART 4a:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other ☐: _____

By: _____ Date: _____

PART 4b:

TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax ☐ Mail ☐ Email ☐ Telephone ☐

Date: _____ Other ☐: _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records

PART 1:

COMPLETED BY DRIVER/APPLICANT

TO: Prospective Employer: Altitude Energy LLC

Street/P.O. Box: 26400 I-76 Frontage Road

City, State, Zip: Keenesburg, CO 80643

Telephone # _____

FROM: Driver/Applicant: _____

Social Security/I.D. # _____

Street: _____

City, State, Zip: _____

Telephone # _____

I am submitting this written request to either waive or obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records. This information should be: (Check the appropriate box)

- ☐ I wish to waive my right to receive a copy of the previous employment history
- ☐ Sent to me at the above address.
- ☐ I will arrange to pick up.

Driver/Applicant Signature: _____

Date: _____

PART 2:

COMPLETED BY THE PROSPECTIVE EMPLOYER

Unless waived, the information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to:

Name: _____

Street: _____

City, State, Zip: _____

Comments: _____

By: _____

Signature/person providing information

Telephone # _____

Release Date: _____

NOTE: PROVIDE ORIGINAL COPY TO PROSPECTIVE EMPLOYER

Altitude Energy LLC

USDOT 2728144

AE-2728144-11212018

26400 I-76 Frontage Road
Keenesburg, CO 80643

Phone-720-236-5161

DOT Safety Management Operations Policy & Procedure

Prepared for: Management Team, Drivers, and Staff Members

Prepared by: Ryan Byers, Front Range Compliance Services LLC, Safety Management Consultant

November 21st, 2018

Policy & Procedure: AE-2728144-11212018

This Policy and Procedure has been approved and implemented by Altitude Energy LLC. This policy is effective on the date of implementation below and will supersede all prior policies and statements relating to DOT Safety Management. Altitude Energy LLC, retains the sole right to change, amend or modify any term or provision of this policy without notice. It is expected that employed members of Altitude Energy LLC read and act in accordance with the following policies and procedures while employed or used by this company.

Date of Implementation: November 21st, 2018**DOT Safety Management Operations Policy & Procedure****Employee Receipt**

I, _____ (Print Name) have received a copy of this Policy and Procedure and have read and understand all sections of the policy and procedure. I also understand the mandatory requirements of compliance with the FMCSR's of all federal state and local laws. By signing below I acknowledge that engaging in any practice which is deemed a violation of this policy and procedure will result in disciplinary action which may include termination of employment.

Signature_____
Date

Altitude Energy LLC

USDOT 2728144

AE-2728144-11212018

26400 I-76 Frontage Road
Keenesburg, CO 80643

Phone-720-236-5161

Safety Rules

These safety rules are designed to provide you with knowledge of the recognized and established safe practices and procedures that apply to many of the work situations you may encounter while employed at this organization. It would be impossible to cover every work situation. If you are in doubt about the safety of any condition, practice or procedure, consult your supervisor for guidance.

GENERAL RULES: (Employee MUST Initial each item)

1. ACCIDENT REPORTING: Report all accidents or near misses to your supervisor immediately. Falsification of company records, including employment applications, time records or safety documentation, will not be tolerated.

2. HAZARD REPORTING: Notify a supervisor immediately of any unsafe condition and/or practice.

3. ALCOHOL OR ILLEGAL DRUGS: No illegal drugs or alcohol will be allowed on the worksite or on our premises. This applies to all drugs that are illegal under state or federal law, including marijuana. Being under the influence or being impaired by alcohol or illegal drugs on our premises or worksite is strictly prohibited. Employees will notify their supervisor if they are taking any prescription drugs that might affect their judgment.

4. DRIVING: While driving a company vehicle or driving your own vehicle for company business, obey all traffic laws and signs at all times. Wear your seat belt at all times. Do not drive over the posted speed limits. Driving a company vehicle while driving impaired by drugs or alcohol is strictly prohibited.

5. LIFTING: When you are required to lift an item, always seek mechanical means (fork lift, lift table, pallet jack, etc.) first. If an item must be lifted manually, please refer to the detailed lifting safety rules before performing the task.

6. FALLS: When working above a lower level (4 feet in general industry, 6 feet in construction) with unprotected sides, edges or openings, protect yourself by use of guardrails or an approved personal fall-arrest system (e.g., lanyard, harness, and anchor point).

7. PERSONAL PROTECTIVE EQUIPMENT (PPE): Appropriate PPE must be worn at all times. If you have any questions or need PPE, please contact management. Wear approved eye and face protection when sawing, grinding, drilling, using air tools or performing any other task that could generate flying debris. When working with chemicals, wear the protective eyewear. Wear gloves when handling metal, rough wood, fiberglass and other sharp objects. Wear a hard hat when there are overhead hazards. Appropriate footwear, long sleeved shirts, long pants, high-visibility vest, hard hats etc., should also be worn as required.

Altitude Energy LLC

USDOT 2728144

AE-2728144-11212018

26400 I-76 Frontage Road
Keenesburg, CO 80843

Phone-720-236-5161

(Continued From Previous Page)

8. MISCONDUCT: Inappropriate conduct such as fighting, horse play, or any other disorderly conduct which may endanger employees wellbeing during work operation, the use of abusive; threatening/intimidating language interfering with performance of work will not be tolerated.

9. HARASSMENT: Any sort of physical or verbal misconduct constituting sexual harassment will not be tolerated.

10. CRIMINAL BEHAVIOR: Violation of criminal laws such as theft or fraud on our premises or job site is strictly prohibited.

11. GENERAL ITEMS: Excessive tardiness, absenteeism, refusal to comply with instructions or failure to perform reasonable duties assigned or repeated violation of company safety rules will result in disciplinary action. Altitude Energy LLC will take reasonable consideration with verbal and written warnings or discharge will be used after all proper disciplinary action has been taken.

EMPLOYEE POSITION: GENERAL LABOR

1. Wear correct protective gear when running equipment and power tools, i.e. gloves, safety glasses.
2. Keep company equipment and/or vehicles in a clean, orderly fashion.
3. Follow all safety procedures and be aware of your surroundings.
4. Keep all tools in a safe place and off the ground to keep them from being a hazard.

DANGEROUS TASKS: GRINDING

1. Use the approved American National Standards Institute safety glasses and face shield.
2. Make sure that the appropriate guards are in place.
3. Keep all flammables 20 feet away from the grinding source.

EQUIPMENT OPERATION:

1. Employees must wear seat belts when operating any and all company equipment.
2. Do not allow passengers to ride on company equipment unless a passenger seat with seatbelt is available.
3. Do not use company equipment to elevate workers unless an approved elevating platform is properly attached to the mast and forks.
4. Be aware of your surroundings at all times when running equipment.
5. Notify a supervisor/foreman right away of any problems with the mechanics of the equipment.

Altitude Energy LLC

USDOT 2728144

AE-2728144-11212018

26400 I-76 Frontage Road
Keenesburg, CO 80643

Phone-720-236-5161

Safety Rules Enforcement Policy

A. OBJECTIVE

Safety rules are provided as guidelines for safe operations. All employees must follow these rules as a condition of employment.

B. SCOPE

Applies to all employees and contractors.

C. PROCEDURE

All employees will be given a copy of the safety rules upon initial employment. All employees must sign and return the acknowledgment form after they have been given a chance to review the safety rules and ask any questions. The safety rules will be periodically reviewed by management to ensure they are applicable and current.

D. ENFORCEMENT

Employees will be subject to disciplinary action for violations of safety rules. Employees shall be afforded instructive counseling and/or training to assure a clear understanding of the infraction and the proper conduct under organizational guidelines. Nothing in this policy or this safety program will preclude management from terminating an employee for a safety violation. This is not a progressive discipline system and any safety violation may lead to an employee's termination without prior instruction or warning.

Management reserves the right to impose any of the following disciplinary actions it deems appropriate:

- Verbal warning with documentation in personnel file.
- Written warning outlining nature of offense and necessary corrective action with documentation in personnel file.
- Termination.

Employees shall be subject to the above disciplinary action for the following reasons:

- Repeated safety rule violations.
- Failure to follow adequate training prior to job assignment.
- Failure to report accidents if injured at work.
- Failure to keep safe conditions or work practices.
- Failure to maintain good housekeeping standards and cleanliness in their departments.

I, {print name} _____, have read and understand the safety rules of Altitude Energy LLC and agree to act in accordance with the safety rules at all times while working, and understand that the violation of any rule is cause for stern disciplinary action, which could include termination of employment.

Employee Signature: _____ Date: _____

Altitude Energy LLC

USDOT 2728144

AE-2728144-11212018

26400 I-76 Frontage Road
Keenesburg, CO 80643

Phone-720-236-5161

Safety Policy

It is the policy of Altitude Energy LLC that the safety of its employees and the public is of chief importance. The prevention of accidents and injuries takes precedence over expedience. In the conduct of our business, every attempt will be made to prevent accidents from occurring. Altitude Energy LLC requires that its employees, as a condition of employment, comply with all applicable safety regulations as listed in the organization's policy manual.

Any member of Altitude Energy LLC management/owners is a contact for safety-related matters. All employees will receive an orientation to the safety policy and rules upon initial employment, and are encouraged to bring to the attention of their immediate supervisor any unsafe conditions or practices. Supervisors will communicate these concerns to the safety coordinator, who will respond to this concern within 24 hours.

The management of Altitude Energy LLC will be actively involved with employees in establishing and maintaining an effective safety program. The members of our management team will participate with you in ongoing safety and health program activities.

Employer Responsibilities:

- Provide a safe workplace
- Provide safety and health education and training
- Annually review and update workplace safety rules

Employee Responsibilities:

- Report all unsafe conditions
- Immediately report all work-related injuries
- Wear the required personal protective equipment
- Abide by the organization's safety rules at all times

Employee name & Signature: _____

Date: _____

General Handbook Acknowledgment

This Employee handbook is an important document intended to help you become acquainted with Altitude Energy. This document is intended to provide guidelines and general descriptions only; it is not the final word in all cases. Individual circumstances may call for individual attention.

Because the Company's operations may change, the contents of this handbook may be changed at any time, with or without notice, in an individual case or generally, at the sole discretion of management.

Please read the following statements and sign below to indicate your receipt and acknowledgment of this Employee handbook.

I have received and read a copy of Altitude Energy's Employee handbook. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of the Company at any time.

I further understand that my employment is terminable at will, either by myself or the Company, with or without cause or notice, regardless of the length of my employment or the granting of benefits of any kind.

I understand that no representative of Altitude Energy other than the CEO may alter "at will" status and any such modification must be in a signed writing.

I understand that my signature below indicates that I have read and understand the above statements and that I have received a copy of the Company's Employee handbook.

Employee's Printed Name: _____

Employee's Signature: _____

Position: _____

Date: _____

The signed original copy of this acknowledgment should be given to management - it will be filed in your personnel file.

Receipt of Sexual Harassment Policy

It is Altitude Energy's policy to prohibit harassment of any employee by any Supervisor, employee, customer or vendor on the basis of sex or gender. The purpose of this policy is not to regulate personal morality within the Company. It is to ensure that at the Company all employees are free from sexual harassment. While it is not easy to define precisely what types of conduct could constitute sexual harassment, examples of prohibited behavior include unwelcome sexual advances, requests for sexual favors, obscene gestures, displaying sexually graphic magazines, calendars or posters, sending sexually explicit e-mails, text messages and other verbal or physical conduct of a sexual nature, such as uninvited touching of a sexual nature or sexually related comments. Depending upon the circumstances, improper conduct also can include sexual joking, vulgar or offensive conversation or jokes, commenting about an employee's physical appearance, conversation about your own or someone else's sex life, or teasing or other conduct directed toward a person because of his or her gender which is sufficiently severe or pervasive to create an unprofessional and hostile working environment.

If the employee feels that he or she has been subjected to conduct which violates this policy, the employee should immediately report the matter to the Employee's Supervisor. If unable for any reason to contact this person, or if the employee has not received a satisfactory response within five (5) business days after reporting any incident of perceived harassment, the employee should contact any member of management. If the person toward whom the complaint is directed is one of the individuals indicated above, the employee should contact any higher-level manager in his or her reporting hierarchy. Every report of perceived harassment will be fully investigated and corrective action will be taken where appropriate. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the Company will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. If an employee feels that he or she has been subjected to any such retaliation, the employee should report it in the same manner in which a claim of perceived harassment would be reported under this policy. Violation of this policy including any improper retaliatory conduct will result in disciplinary action, up to and including discharge. All employees must cooperate with all investigations.

I have read and I understand Altitude Energy's Sexual Harassment Policy.

Employee's Printed Name: _____

Employee's Signature: _____

Position: _____

Date: _____

The signed original copy of this receipt should be given to management - it will be filed in your personnel file.

Receipt of Non-Harassment Policy

It is Altitude Energy's policy to prohibit intentional and unintentional harassment of any individual by another person on the basis of any protected classification including, but not limited to, race, color, national origin, disability, religion, marital status, veteran status, sexual orientation or age. The purpose of this policy is not to regulate our employees' personal morality, but to ensure that in the workplace, no one harasses another individual.

If an employee feels that he or she has been subjected to conduct which violates this policy, he or she should immediately report the matter to the Employee's Supervisor. If the employee is unable for any reason to contact this person, or if the employee has not received a satisfactory response within five (5) business days after reporting any incident of what the employee perceives to be harassment, the employee should contact any member of management. If the person toward whom the complaint is directed is one of the individuals indicated above, the employee should contact any higher-level manager in his or her reporting hierarchy. Every report of perceived harassment will be fully investigated and corrective action will be taken where appropriate. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the Company will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. If an employee feels he or she has been subjected to any such retaliation, he or she should report it in the same manner in which the employee would report a claim of perceived harassment under this policy. Violation of this policy including any improper retaliatory conduct will result in disciplinary action, up to and including discharge. All employees must cooperate with all investigations.

I have read and I understand Altitude Energy's Non-Harassment Policy.

Employee's Printed Name: _____

Employee's Signature: _____

Position: _____

Date: _____

The signed original copy of this receipt should be given to management - it will be filed in your personnel file.

Safety Manual Receipt

I, _____ acknowledge receipt of this copy of the Altitude Energy
(Print Name)

Safety Manual. I understand that it is my duty to read, study, and abide by these safety rules and work procedures and other employer policies and procedures as they apply to the duties that I shall perform for whichever Altitude customer that I am doing work for.

I further understand that failure to abide by these rules, the employer rules and proper procedures shall result in disciplinary action as determined by employer policy.

Signature of Employee

Date



CELL PHONE USE POLICY

Please read the Distracted Driving Policy, sign and return to your supervisor.

In order to increase employee safety and eliminate unnecessary risks behind the wheel, Altitude Energy has enacted a Distracted Driving Policy, effective February 2018. We are committed to ending the epidemic of distracted driving, and have created the following rules, which apply to any employee operating a company vehicle or using a company-issued cell phone while operating a personal vehicle:

- Company employees may not use a hand-held cell phone while operating a vehicle – whether the vehicle is in motion or stopped at a traffic light.
- If company employees need to use their phones, they must pull over safely to the side of the road or another safe location.
- Additionally, company employees are required to:
 - Consider modifying voice mail greetings to indicate that you are unavailable to answer calls or return messages while driving.
 - Inform clients, associates and business partners of this policy as an explanation of why calls may not be returned immediately.
- Consequences of not following this policy will result in being written up and/or possible suspension depending on circumstances and manager discretion for any repeat offenses.

I acknowledge that I have received a written copy of the Distracted Driving Policy, that I fully understand the terms of this policy, that I agree to abide by these terms, and that I am willing to accept the consequences of failing to follow the policy.

Employee Signature

Date

Printed name

Fleet Vehicle Use Policy



Doc. Type:	Policy	Effective Date:	1/1/2015
Section:	Driver Acknowledgement	Revision Number:	01
Status:	Issued	Last Revised	12/1/2019

I, _____, understand and acknowledge that part of my job responsibilities may include the operation of a Company vehicle and a personal vehicle to get to and from work. As a driver of a company vehicle or personal vehicle used in the course of business duties, I acknowledge and agree to adhere to the following and accept these terms as a condition of employment:

Operators of Company Vehicles - Conditions and Requirements

1. Operate Vehicles in a safe manner and in compliance with all applicable laws
2. Immediately report all incidences, including but not limited to accidents, property damage, theft, loss, etc suspensions, revoked or suspended license, arrests, etc.
3. Maintain a current and valid operator's license with insurance
4. Transport Company personnel and property only.
5. Company vehicles are not for personal use.
6. Immediately report all maintenance and/or safety issues.
7. Maintain the vehicle in a safe and clean condition at all times.
8. Lock and secure the vehicle at all times.
9. Perform required vehicle inspections per Company policies and procedures.
10. Adhere to all applicable DOT regulations
11. Responsible for all content including but not limited to: Equipment, tools, supplies, documents, money, credit cards and other company assets.
12. All fuel purchased on my company card will be purchased for the company vehicle. I am responsible for turning in an itemized receipt from the pump for this fuel.
13. I will not allow any other drivers to drive the company vehicle.
14. Not to exceed the posted speed limit.
15. Purchase most economic fuel as recommended by manufacturer grade.
16. I will not smoke any tobacco products in the vehicle or while driving
17. I will not text or perform other activities while driving that may distract me.
18. Do nothing to disable or interfere with the GPS tracking system on the vehicle. If there is an anticipated issue.
19. Fill the fuel tank if less than 1/2 full.
20. Not drive if medically unable.
21. Report any personal or physical conditions that change the employees ability to operate a vehicle in a safe and legal manner and stop driving immediately

Operators of Personal Vehicle:

Applies to employees who use personal vehicles in the course of performing their regular job duties. Includes but not limited to branch and department manager and sales personnel.

1. Maintain adequate insurance coverage, including but not limited to, bodily injury and property damage or the minimum required by state law. Provide proof of insurance if requested by the Company.
2. Maintain my vehicle in a safe working condition at all times.
3. Immediately report all vehicles related incidents, including but not limited to accidents, property damage, and injuries that occur while in the course of work.
4. Immediately report all driving related incidences, including but not limited to citations, tickets, suspensions, revoked license, arrest, etc regardless if incident occurs during the performance of work or during personal time.
5. Operate Vehicles in a safe manner and in compliance with all applicable laws.



Doc. Type:	Program	Effective Date:	1/1/2015
Section:	73	Revision Number:	01
Status:	Issued	Last Revised	12/1/2019

I acknowledge and accept the following:

1. The Company may at its discretion, run MVR checks and that any of the following can result in disciplinary action including termination
 - a. Excess moving violations
 - b. Suspended/revoked license
 - c. Serious violations, including but not limited to, DUI, reckless driving, excess speeding, criminal arrest, etc
2. In the event I am involved in an auto loss and/or issued a citation
 - a. acknowledge that I must attend a "driver safety class" per the following terms;
 - b. I am responsible for the cost of the course.
 - c. Time away from work will be applied to PTO or unpaid or I must schedule the class during non-work hours
 - d. Must attend and complete the course within 45 days of the event that has resulted in my having to take the class
 - e. Failure to attend and successfully complete the class will result in my termination from employment.
 - f. Not permitted to drive company vehicle to said class.

Rental Vehicles:

1. Rental vehicles are to be rented in the Company name in order for Company coverage to be effective. Failing to rent a vehicle in the Company name will not provide insurance coverage or reimbursement for expenses associated with vehicle damage or financial liability.

FAILURE TO ADHERE TO THE ABOVE REFERENCED ITEMS WILL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

Employee Signature

Date

Supervisor

Date



Altitude Energy, LLC

New Employee Designated Provider Notification Letter

To: All Employees

From: Altitude Energy, LLC

Date: 09/01/19

Subject: Designated Medical Providers for Work-Related Injuries and Illnesses

All employees must obtain treatment of work-related injuries and illnesses from one of the following medical providers:

1. Name: Phillip Abston / General Practice
Address: 1122 50th Ave
City, State & Zip: Greeley, CO 80634
Phone: 970 396-6994

2. Name: Susan Beck, MD / Urgent Care Clinic
Address: 2001 70th Ave Ste 110
City, State & Zip: Greeley, CO 80634
Phone: 970 810-4155

3. Name: Advanced Urgent Care
Address: 112 S Denver Ave
City, State & Zip: Fort Lupton, CO 80621
Phone: 303 558-0501

4. Name: Nextcare Urgent Care
Address: 1011 39th Avenue Suite A
City, State & Zip: Greeley, CO 80634
Phone: 970 351-8181

In the event of a life- or limb-threatening emergency, the injured employee will be sent to the nearest emergency medical facility. One of the medical providers designated above must provide all follow-up care.

If an unauthorized medical provider treats an employee, the employee will be responsible for payment for said treatment.

I have read and am fully aware of the organization's policy regarding medical treatment for work-related injuries and illnesses. I further understand that I must immediately report any work-related injury to my supervisor.

All employees must sign below, acknowledging this policy.

Employee's name

Employee's signature

Date

FMCSA/DOT ALCOHOL AND CONTROLLED SUBSTANCES TESTING PROGRAM & POLICY

Prepared for: Altitude Energy LLC
Prepared by: Front Range Compliance Services, LLC

November 21, 2018
Policy & Procedure: 2728144-11212018-ver.1

FMCSA ALCOHOL AND CONTROLLED SUBSTANCES TESTING PROGRAM & POLICY RECEIPT

I hereby acknowledge that I have received a copy of Altitude Energy LLC's Alcohol and Controlled Substances testing policy. I also acknowledge that I have received a full and complete explanation of the program, including all policies and the availability of an employee assistance program.

I have had the terms and conditions of the Altitude Energy LLC's Alcohol and Controlled Substances Testing Policy explained to me, and I freely and voluntarily consent to submit to drug and alcohol screening or testing as set forth in Altitude Energy LLC's Policy. I understand that violation of a provision of this policy may lead to disciplinary action up to and including termination of employment, and that I may forfeit my unemployment and workers' compensation benefits.

I understand Altitude Energy LLC has developed a policy in conformity with DOT Regulations 49 CFR Parts 40 & 382 regarding the illegal use of drugs and the abuse of alcohol. A copy of these Federal Regulations is on file with Altitude Energy LLC's Designated Employer Representative (DER) for review at any time during normal working hours.

I further agree to and hereby authorize the release of the results of said tests to the Altitude Energy LLC's Medical Review Officer (MRO) and as set forth in the company drug and alcohol testing policy.

Finally, I agree that neither the issuance of these policies, nor the acknowledgment of its receipt, constitutes or implies a contract of employment or a guaranteed right to recall.

Company Name:	Altitude Energy LLC		
Employee Name:			
Employee Signature:		Date:	

DRUG FREE WORK PLACE POLICY

Prepared for: Altitude Energy LLC

Prepared by: Front Range Compliance Services, LLC

November 21, 2018

Policy & Procedure: 2728144-11212018-ver.1

Drug Free Workplace Policy - Employee Receipt

I hereby acknowledge that I have received a copy of Altitude Energy LLC's Drug Free Work Place Policy. I also acknowledge that I have received a full and complete explanation of the program, including all policies and the availability of an employee assistance program.

I have had the terms and conditions of the Altitude Energy LLC's Alcohol and Controlled Substances Testing Policy explained to me, and I freely and voluntarily consent to submit to drug and alcohol screening or testing as set forth in Altitude Energy LLC's Policy. I understand that violation of a provision of this policy will lead to disciplinary action up to and including termination of employment, and that I may forfeit my unemployment and workers' compensation benefits.

I further agree to and hereby authorize the release of the results of said tests to the Altitude Energy LLC's Medical Review Officer (MRO) and as set forth in the company drug and alcohol testing policy.

Finally, I agree that neither the issuance of these policies, nor the acknowledgment of its receipt, constitutes or implies a contract of employment or a guaranteed right to recall.

Company Name:	Altitude Energy LLC		
Employee Name:			
Employee Signature:		Date:	

Alcohol & Controlled Substances Testing:

Drivers Training Program

FMCSA/DOT ALCOHOL AND CONTROLLED SUBSTANCES TESTING - DRIVER TRAINING PROGRAM

Prepared for: Altitude Energy LLC, Josh Bradford
Prepared by: Front Range Compliance Services, LLC

FMCSA ALCOHOL AND CONTROLLED SUBSTANCES TESTING - DRIVER TRAINING PROGRAM RECEIPT

I hereby acknowledge that I have received a copy of Altitude Energy LLC's Alcohol and Controlled Substances testing driver training. I also acknowledge that I have received a full and complete explanation of the program, including all policies and the availability of an employee assistance program.

I understand Altitude Energy LLC has developed this training in conformity with DOT Regulations 49 CFR Parts 40 & 382 regarding the illegal use of drugs and the abuse of alcohol. A copy of these Federal Regulations is on file with Altitude Energy LLC's Designated Employer Representative (DER) for review at any time during normal working hours.

Finally, I agree that neither the issuance of this driver training program, nor the acknowledgment of its receipt, constitutes or implies a contract of employment or a guaranteed right to recall.

Company Name:	Altitude Energy LLC		
Employee Name:			
Employee Signature:		Date:	

FMCSA/DOT ALCOHOL AND CONTROLLED SUBSTANCES

TESTING PROGRAM & POLICY

Prepared for: Altitude Energy LLC

Prepared by: Front Range Compliance Services, LLC

November 21, 2018

Policy & Procedure: 2728144-11212018-ver.1

FMCSA ALCOHOL AND CONTROLLED SUBSTANCES TESTING PROGRAM & POLICY RECEIPT

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Finally, I agree that neither the issuance of these policies, nor the acknowledgment of its receipt, constitutes or implies a contract of employment or a guaranteed right to recall.

Company Name:	Altitude Energy LLC		
Employee Name:			
Employee Signature:		Date:	

DRUG FREE WORK PLACE POLICY

Prepared for: Altitude Energy LLC

Prepared by: Front Range Compliance Services, LLC

November 21, 2018

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Company Name:	Altitude Energy LLC		
Employee Name:			
Employee Signature:		Date:	

Alcohol & Controlled Substances Testing:

Drivers Training Program

FMCSA/DOT ALCOHOL AND CONTROLLED SUBSTANCES TESTING - DRIVER TRAINING PROGRAM

Prepared for: Altitude Energy LLC, Josh Bradford
Prepared by: Front Range Compliance Services, LLC

FMCSA ALCOHOL AND CONTROLLED SUBSTANCES TESTING - DRIVER TRAINING PROGRAM RECEIPT

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Finally, I agree that neither the issuance of this driver training program, nor the acknowledgment of its receipt, constitutes or implies a contract of employment or a guaranteed right to recall.

Company Name:	Altitude Energy LLC		
Employee Name:			
Employee Signature:		Date:	

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

I _____, hereby provide consent to **Altitude Energy** to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse at any point during my employment with **Altitude Energy**.

I understand that if the limited query conducted by **Altitude Energy** indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to **Altitude Energy** without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for **Altitude Energy** to conduct a limited query of the Clearinghouse, **Altitude Energy** must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date