



Driver's Data Sheet

Date: _____

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ S.S. #: _____

DL #: _____ State: _____ Exp Date: _____

Endorsements: Tanker Doubles Triples
Hazmat: Yes No

Owner Name: _____
Owner Phone#: _____
Truck #: _____

Emergency Contact Info

Hire Date: _____ Name: _____

Job Title: _____ Phone #: _____

Employee Signature: _____

Printed Name: _____ Date: _____

For Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Driver's Data Sheet Filled out completely | <input type="checkbox"/> Copy of Drivers License |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> W4 and/or W9 filled out completely |
| <input type="checkbox"/> ACH Form for Direct Deposit | <input type="checkbox"/> Voided Check *** (only if opting for ACH)*** |

Review & make copies of employee information:

1. Drivers License – Front & back
2. Medical Card and Long Form–
3. SS Card –
4. MVR Report
5. PSP Report



APPLICATION FOR DRIVERS

You **Must answer every question**. If any question does not apply to you, answer with **Not Applicable (NA)**.

In compliance with local, state, and federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, race, color, sex, sexual orientation, marital status, veteran status, or non-job related disability. Please advise in advance if you need any type of special accommodation to complete this application form or need to take any pre-employment test.

Date: ____/____/____

Type of driver operation desired: _____

Name: _____ Social Security No. _____
Last First Middle Initial

Address _____ How Long: _____
Street City State/ Zip Code

Phone: _____ Alternate Phone: **Cell Preferred** _____
Area Code Number Area Code Number

If you were at above address less than three years, list your previous address.

Address _____ How long: _____
Street City State

Date of Birth ____/____/____ Can you provide proof of age? Yes No
(Required for driving position)

Are you prevented from being lawfully employed in the U.S. because of your visa or immigration status?
Yes No

Have you worked for this company before? Yes No

Are you employed now? Yes No If No, how long since leaving last employment? _____

Have you ever been fired or asked to resign by an employer? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No (Answering this question in an affirmative answer does not necessarily preclude a hiring decision)

If yes to the above question, provide details _____

Who referred you? _____ Rate of pay expected _____

Employment History

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(attach another sheet if more space is needed)*

A total of 10 years work history is required. All gaps in time must be shown.

Current or most recent employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations ? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

Employment History –2nd Sheet

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment. *(attach another sheet if more space is needed)*

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

Next previous employer

Business Name	Employment Dates Start Date: _____ End Date: _____
Address	Position _____ Salary _____
City State Zip	Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone No. _____ May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>
Name Of Supervisor	Reason For Leaving

PREVIOUS EMPLOYEE PRE-EMPLOYMENT DRUG & ALCOHOL TESTING STATEMENT

- 1. Have you ever failed a D.O.T. Drug and/or Alcohol Test? Yes No
- 2. Have you ever refused to take a D.O.T. Drug and/or Alcohol Test? Yes No
- 3. Have you ever violated any other D.O.T. Drug and/or Alcohol Regulations? Yes No
- 4. If the answer is yes to the above questions, provide details, attach second sheet if necessary
- 5. In the past two years have you tested positive, or refused to test, on any pre-employment drug or alcohol test, but did not get hired for a safety sensitive position as a result of the refusal or failure?
Yes No
- 6. If yes to any of the above questions, please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty testing and follow up testing . (Attach another sheet if necessary)

Signature

DATE

Accident record for past 3 years or more *(attach sheet if more space is needed)*

Accident Type	Date	Nature of Accident	Fatalities	Injuries
Last Accident:	_____	_____	_____	_____
Next Previous:	_____	_____	_____	_____
Next Previous:	_____	_____	_____	_____

Traffic convictions and license forfeitures for the last 3 years *(other than parking violations)*

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drivers License _____
State License (Type and Endorsements) Expiration Date

Have you ever been denied a license, permit or privileges to operate a motor vehicle?
No Yes ...explain _____

Has any license, permit, or privilege ever been suspended or revoked?
No Yes ...explain _____

Have you ever been disqualified from driving subject to CFR49 Section 391 of the Federal Motor Carrier Regulations?
No Yes ...explain _____

Driving Experience: (Class of Equipment)

Straight Truck: _____
Type of Equipment (Van, Tanker, Flatbed, Reefer etc.) Dates - From To # Of Miles (Total)

Tractor Trailer: _____
Type of Equipment (Van, Tanker, Flatbed, Reefer etc.) Dates - From To # Of Miles (Total)

Other _____
Type of Equipment (Van, Tanker, Flatbed, Reefer etc.) Dates - From To # Of Miles (Total)

List states operated in for the last five years: _____

Special courses of training that will help you as a driver: _____

Safe driving awards held and from whom: _____

Show any trucking, transportation, or other experiences that may help in your work for this company:

List courses and training other than shown elsewhere in this application: _____

List special equipment or technical materials you can work with: _____

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last school attended: _____
Name City State

APPLICANT'S STATEMENT

In connection with my application to the company, I understand that the Fair Credit Reporting Act, Public Law 91-508 & 104-208 requires that I be advised that routine inquiry may be made during the company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that investigative background inquiries as required by the Federal Motor Carrier Safety Regulations 391.23 may be made on me including previous employers, along with schools, consumer credit, criminal convictions, motor vehicle records, and other reports.

These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, email, other electronic form, or copy form.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to this company. I agree to release and hold harmless this company from all liability with respect to the receipt of such information.

I certify that this application was only completed by me, and that all entries on it and the information I have furnished on this application form is true and complete. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history. (Generally, inquiries regarding medical history will be made only and if a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand false or misleading information given in my application or in interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company if a conditional offer of employment is made.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23. I understand that pursuant to 49CFR 391.23 I have a right to: Review information provided by current previous employers; have errors in the information corrected by previous employers and those previous employers to resend the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Applicants Signature _____ Date _____



Driver Notification of Rebuttal

As a driver with DOT Regulated employment, we are required to notify you of the following rights regarding the investigative information that will be provided to the prospective employer pursuant to 391.23 (d)(e).

You have:

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information;

Please refer to 391.23(j) for further information regarding rebuttals.

You must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as 30-days after being employed or being notified of denial of employment.

The employer has 5 business days of receiving the written request or receiving the previous employment information. If the driver does not arrange pick-up or receive the requested record within 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.

Applicant Name (PRINTED)

Applicant Signature

Date of Signature

Manager Signature

Date of Signature



3N Oilfield Services, LLC

1330 E. 8th Suite 405

Odessa, Texas 79761

O: (432) 614- 6794

F: (432) 614- 9002

I, [redacted] do hereby authorize 3N Oilfield Services, LLC. to contact my previous employers in accordance with current US DOT rules and regulations as set forth by 49 CFR 382.413. In order to obtain the following information for the preceding three years. I fully understand the above and give consent to obtain the information required by 49 CFR 382.413.

Driver Signature [redacted] Date [redacted]

REQUEST OF INFORMATION FROM PREVIOUS EMPLOYER

Company Name _____ Attention _____
Address _____ City, State, Zip _____
Telephone _____ Fax Number _____

SAFETY PERFORMANCE HISTORY

The applicant named above was employed by us. Yes [] No []

Employed as _____ From (M/Y) _____ To (M/Y) _____

Did he/ she drive a motor vehicle for you? Yes [] No []
If yes what type? _____

Was the applicant a safe and efficient Driver? Yes [] No []

Give dates of any vehicle accidents that he/ she was involved in the three years prior to the application date shown above.

Please provide information concerning any other accidents involving the applicant that were reported to government agencies of insurers or retained under internal company policies.

Reason for leaving employment? Discharge _____ Laid off _____ Resigned _____

Was the applicant general conduct satisfactory? _____

Is the driver eligible for rehire? _____

ALCOHOL & DRUG HISTORY

Has the above named driver had an alcohol test with a result of 0.04 alcohol concentration or greater? Yes [] No []
Has this driver tested positive or adulterated or substituted a test specimen for controlled substance? Yes [] No []
Has this driver refused a required alcohol or drug test in the last 12 months? Yes [] No []
Has this driver been guilty of being intoxicated on alcohol or drugs while performing job duties? Yes [] No []

If the answer to any of the above question was yes, please identify the Substance Abuse Profession that Administered treatment as required by the U.S. Department of Transportation.

Name _____ Phone Number _____

Additional Comments _____

Signature _____ Date _____

Title _____



Fair Credit Reporting Act - Disclosure

To Be Completed By Driver

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 Public Law 104-208), You are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record will be obtained on you for employment purposes with this company. 3N Oilfield Services, LLC.

These reports are required by sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Driver's Name: Last,	First	Middle Initial	Social Security Number
----------------------	-------	----------------	------------------------

Driver's Signature

Date



Certificate of Compliance

Notice To Drivers

The commercial Motor Vehicle Safety Act of 1986 provides a set of controls over the drivers of commercial motor vehicles. Generally, the law applies to all drivers operating vehicles and combinations of vehicles with a Gross Vehicle Weight Rating or Gross Combination Weight Rating over 26,001 pounds, vehicles designed to transport 16 or more passengers, and any vehicle, regardless of weight, transporting hazardous materials. The following provisions became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation, other than parking, must notify the carrier in writing within 30 days.
3. Any person applying for a job as a driver of a commercial motor vehicle must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. In addition, the Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier in writing the next business day after receiving such such notice or action.
5. Any violation is punishable by a fine not to exceed \$2,500, and any willful violation is subject to a criminal fine not to exceed \$5,000 or imprisonment up to 90 days, or both

Certification by Driver

I hereby certify that I have read and understand the summarized driver provisions of the Commercial Motor Vehicle Safety Act of 1986 and its regulations which became effective on July 1, 1987. I further understand that any falsification or negligence to state all required information on this form may lead to my termination of employment or contract.

Driver's Full Name:	Last,	First	Middle Initial	Social Security Number
Driver's Address:	Street	City	State	Zip Code
Driver's License Number	Type / Class / Endorsements		State Issued	

I further certify that the above commercial vehicle license is the only one I hold Yes No. I have surrendered the following license(s) to the state(s) indicated. (write NA if not applicable)

License: State	Type / Class	Identification Number
License: State	Type / Class	Identification Number



Driver Certification of Other Compensated Work

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 paragraph (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ of service of, a common, contract or private motor carrier, and also performing any work, of any type, which is compensated.

Are you currently working for any other employer? Yes NO

At this time, do you intend to work for any other employer while still employed by the company? Yes No

I hereby certify that the information given above is true, and I understand that once I become employed with the company, if I begin working for any additional company for compensation, I must inform the company immediately of such employment activity, log the hours worked, and maintain compliance with the HOS Rules.

Driver's Name: Last, First Middle Initial

Driver's Signature _____

Date _____

Safety Manager's Signature (as witness) _____

Date _____



Previous 7-Days Hours of Duty Statement

Instructions: Motor Carriers, when using a driver for the first time, you shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Make sure to include non-driving work if performed.

Driver Name (print): _____

SS Number: _____

Driver's License: **Number:** _____ **State:** _____ **Class:** _____ **Endorsements:** _____

Type of License: _____

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE								
Hours Worked								Total Hrs.

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 duty at:

_____ on _____ .

Time
AM
PM

Day Month Year

Driver's Signature

Date



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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 [][]-[][]-[][][][]		E-mail Address			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):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

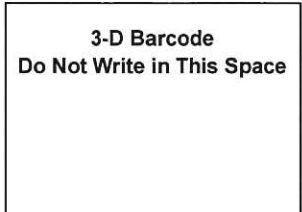
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*



Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

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



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



Notice of Violations / Annual Review

Section 1: To be completed by Driver

Driver's Name		Date of Birth	Date
Address - Street	City	State	Zip Code
Driver's License Number & CDL Class	Endorsements/Restrictions	State	Expiration
Medical Card Due Date			
Company Name: 3N Oilfield Services, LLC	Date of Hire	Social Security Number	

I certify that the following information is a true and complete list of violations for which I have been convicted or forfeited bond or collateral during the past twelve months, excluding parking tickets.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past twelve months. I also acknowledge that falsification of this certification can and will result in termination.

Date of Certification

Driver's Signature

Reviewed By Signature

Title of Reviewer

Date

Section 2: To be completed by Safety Manager

Annual Review of Driver's Record

	Yes	No	Remarks
1. Does driver still meet the minimum requirements for safe driving? (391.11)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Has driver been disqualified to drive a commercial motor vehicle? (391.15)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Has driver's accident record been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Has driver's traffic violations been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Reviewed By Signature

Date

Driver's Signature



Request for Driving Record

Driver Applicant's Release

I authorize you to release the following information to 3N Oilfield Services, LLC for the purpose of investigation as required under Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Driver Applicant's Signature

Date

Requester's Statement

1. As specified in Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law # 91-508, I hereby certify that the information you provide regarding the applicant's driving record for the last 3 years will be used for the "permissible purposes" as defined in the Act, and that the information received will be used for no other purpose.

2. I further certify, that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

Requester's Signature

Date

To Whom it May Concern:

The below named individual has made application to this company for a Driver position. As in accordance with Section 391.23, FMCSR, please furnish the undersigned with the applicant's driving record for the past 5 years.

Applicant's Name		Last	First	M.I.
Date of Birth		Social Security Number		Driver's License Number

Address	City	State	Zip
Previous Address	City	State	Zip

Requested By

Company Name: 3N Oilfield Services, LLC			
Address: 1330 E. 8th Suite 405		City: Odessa	State: TX Zip: 79761
Contact Name:	Title:	Signature:	

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with 3N Oilfield Services, LLC ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize 3N Oilfield Services, LLC ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

LAST UPDATED 10/29/2012



Policy Changes:

The following statements should be placed in both:

Fleet Safety Policies & Procedures Manual and the Driver's Safety Handbook.

Standard 1.6 Page 1

- **NO TEXTING or CELL PHONE USE WHILE DRIVING** is the new federal regulation for commercial motor vehicles nationwide. 3N Oilfield Services, LLC. has a zero tolerance to this. Any driver found doing this will be terminated immediately.
- Texting or Cell Phone Use while driving. If any driver received a citation or a warning for texting while driving, the driver will be terminated. Also, if any driver has been involved in a situation that causes the company to suspect that the driver may have been texting while driving, the company will obtain the cell phone records to verify dates and times of all texts. This information will be compared with other company records and documents.

I acknowledge that texting & cell phone use is an illegal act. If caught texting or using my cell phone while operating a CMV for 3N Oilfield Services, LLC., I will be immediately terminated and be responsible for any fines related to the violation.

Driver Signature: _____

Date: _____



Certification of Road Test

Instructions for Certification: If the Road Test is successfully completed, the person who administered the test must complete this certification in duplicate. The original copy of both the form and the signed certification must be retained in the Driver Qualification File, with a copy given to the person examined. FMCSR Section 391.31(e)(f)(g)(1)(2).

Driver's Full Name

Type of Power Unit

Social Security Number

Type of Trailer

License Number

State

Date Tested

Miles Tested

This is to certify that the above named Driver has been observed during the course of an official Road Test. It is my opinion, as a Safety Manager, that this driver possesses sufficient driving skills to operate safely the type of transportation equipment listed above.

Signature of Examiner

Company: 3N Oilfield Services, LLC.

Address:

Title of Examiner

Phone:





WRITTEN EXAM FOR DRIVERS

Driver Applicant _____

Date _____

The following test questions are entirely based on the DOT's Federal Motor Carrier Safety Regulations. You may use the latest version of these regulations while taking the test, but you must work alone. According to the DOT Regulations, Section 391.11 (a)(2), you must be able to read, and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals, to respond to official inquiries, and to make entries on reports and records. By taking this exam, you are ensuring the Co. that you are able to do this, and that you are familiar with the regulations.

Instructions: Each question has four possible answers, with only one correct choice. Your job is to read each question, and pick the best choice as your answer to the question. Mark and "X" in the blank in front of your choice. Do not pick more than one choice per question. Make sure to answer every question.

1. 390.11 A motor carrier who is also a driver (owner operator):

- a. is not covered by the safety regulations
- b. must obey only those parts of the regulations which cover drivers
- c. must obey only those parts of the regulations which cover motor carriers
- d. must obey both the parts covering drivers and the parts covering motor carriers

2. 391.11 (b)(1) With only a few exceptions, the Federal Motor Carrier Safety Regulations say a driver must be:

- a. at least 18 years old
- b. at least 19 years old
- c. at least 20 years old
- d. at least 21 years old

3. 391.15 (b)(2) When a driver receives notice of license or permit revocation, suspension, or other withdrawal action, the driver must:

- a. notify the carrier within 72 hours
- b. notify the carrier within one week
- c. notify the carrier before the end of the next business day
- d. take no action since the carrier will get a notice

4. 391.15 (c)(2)(3) A driver cannot drive a motor vehicle:

- a. for one year after a first offense conviction for a felony involving a commercial motor vehicle operated by the driver
- b. for one year after a first offense conviction for driving a commercial vehicle under the influence of alcohol or controlled substances
- c. for one year after a first offense conviction for leaving the scene of an accident while operating a commercial motor vehicle
- d. for one year after a first offense conviction for any of the above

5. 391.27 (a)(b) At least once a year, a driver must fill out a form listing all motor vehicle violations (except parking) occurring during the previous 12 months.

This form must be completed:

- a. even if there were no convictions
- b. only if convicted
- c. only if convicted or had forfeited bond or collateral
- d. only if the carrier requires it

6. 391.33 (a)(2) If a driver applicant has a valid certificate showing successful completion of a Road Test

- a. the carrier must accept it
- b. the carrier may still require the applicant to take a road test
- c. the carrier cannot accept it
- d. the carrier may request a road test waiver from the Office of Motor Carrier

7. 391.41 (b)(5) A person with breathing problems which may affect safe driving

- a. cannot drive
- b. cannot drive unless the vehicle has an emergency oxygen supply
- c. cannot drive unless another driver is along
- d. cannot drive unless on short runs

8. 391.41 (b)(7) Persons with arthritis, rheumatism, or any such condition, which may affect safe driving

- a. cannot drive unless they are checked by a driver before each trip
- b. cannot drive
- c. cannot drive unless they are free of pain
- d. cannot drive unless another driver is along

9. 391.41 (b)(8) Persons who have ever had epilepsy:

- a. cannot drive unless another driver is along
- b. cannot drive
- c. cannot drive on long runs
- d. cannot drive without monthly medical examinations

10. 391.45 (c) If the driver gets an injury or illness serious enough to affect the ability to perform duties, the driver:

- a. must report it at the next scheduled physical
- b. cannot drive again
- c. must take another physical and be re-certified before driving again
- d. must wait at least one month after recovery before driving again

11. 392.6 A driver may not drive faster than posted speed limits:

- a. unless the driver is sick and must complete the run quickly
- b. at any time
- c. unless the driver is passing another vehicle
- d. unless the driver is late and must make a scheduled arrival

12. 392.3 When a driver's physical condition, while on a trip, requires the driver to stop driving, but stopping would not be safe, the driver:

- a. must stop anyway
- b. may try to complete the trip, but as quickly as possible
- c. may continue to drive to the home terminal
- d. may continue to drive, but must stop at the nearest safe place

13. 392.5 (a)(1) A driver may not drink or be under the influence of any alcoholic beverage (regardless of alcohol content):

- a. within 4 hours before going on duty or driving
- b. within 6 hours before going on duty or driving
- c. within 8 hours before going on duty or driving
- d. within 12 hours before going on duty or driving

14. 392.7 A driver must be satisfied that service and parking brakes, tires, lights, and reflectors, mirrors, coupling and other devices are in good working order:

- a. at the end of each trip
- b. before the vehicle may be driven
- c. only when the driver considers it necessary
- d. according to schedules set by the carrier

15. 392.8 The following must be in place and before a vehicle can be driven:

- a. at least one spare fuse or other overload protector of each type used on the vehicle
- b. a tool kit containing a specified list of hand tools
- c. at least one spare tire for every four wheels
- d. a set of spark plugs

16. 392.10 (a) A driver required to stop at a railroad crossing should bring the vehicle to a full stop no closer to the tracks than:

- a. 5 feet
- b. 10 feet
- c. 15 feet
- d. 20 feet

17. 392.10 (a) Shifting gears is not permitted:

- a. when traveling faster than 35 miles per hour
- b. when moving across any bridge
- c. when crossing railroad tracks
- d. when traveling down a hill steeper than 10 degrees

18. 392.22 (b)(1) If a vehicle has a breakdown, the driver must place one emergency warning device:

- a. 40 paces (100 feet) in front of the vehicle in the center of the traffic lane or shoulder
- b. 40 paces (100 feet) in back of the vehicle in the center of the traffic lane or shoulder
- c. 4 paces (10 feet) in front or back of the traffic side
- d. at all the above locations

19. 393.77 (a)(6) A portable heater may not be used in any vehicle cab:

- a. unless the heater is secured
- b. unless the heater is of the electric filament type
- c. at any time
- d. without approval from the carrier

20. 395.1 (b)(2) If any emergency delays a run, which could normally have been completed within hours of services limits, the driver:

- a. must still stop driving when the hours of service limits is reached
- b. may drive for 1 extra hour
- c. may drive for 2 extra hours
- d. may finish the run without being in violation

21. 395.3 (a) Most drivers of large vehicles are not allowed to drive :

- a. after they have been on duty for 16 hours
- b. after they have been on duty for 15 hours
- c. after they have been on duty for 14 hours
- d. after they have been on duty for 12 hours

22. 395.8 (f)(1) Every driver must prepare an original and one copy of the driver's record of duty status, which must be kept current by updating it:

- a. every time a change in duty status is made
- b. every 24 hours
- c. every 8 hours
- d. at the end of each trip

23. 395.8 (f)(2) Except for the name and main address of the carrier, all entries relating to the driver's record of duty status:

- a. must be printed in ink or typed
- b. must be made by the carrier dispatcher
- c. must be made in front of a witness
- d. must be made in the driver's handwriting

24. 395.13 A driver declared "Out of Service"

- a. must take a road test before driving again
- b. must wait 72 hours before driving again
- c. must appeal to the Regional Director of the Office of Motor Safety, to drive again:
- d. can drive again only after hours of service requirements are met

25. 396.7 If a vehicle on a trip is in condition likely to cause an accident or breakdown:

- a. the driver should report it at the end of the run, so repairs can be made
- b. the driver should drive at lower speeds for the rest of the run
- c. the driver should stop immediately unless going on to the nearest repair shop is safer than stopping
- d. the driver should change the route so as to get away from heavily traveled roads

26. 397.5 (c) A vehicle, which contains hazardous materials other than division 1.1, 1.2, or 1.3 materials must be attended while on the highway at all times:

- a. by the driver
- b. by the driver except when involved in other driver duties
- c. by the driver or a person chosen by the driver
- d. by the driver or a police officer

27. 397.7 (a)(3) Except for short periods when operations make it necessary, trucks carrying division 1.1, 1.2, 1.3 materials cannot be parked any closer to bridges, tunnels, buildings, or crowds of people than:

- a. 50 feet
- b. 100 feet
- c. 200 feet
- d. 300 feet

28. 397.13 (a) Smoking or carrying a lighted cigarette, cigar, or pipe near a vehicle which contains class 1, 5, or flammable materials is not allowed:

- a. except in the closed cab of the vehicle
- b. except when the vehicle is moving
- c. except at a distance of 25 feet or more from the vehicle
- d. except when approved by the carrier

29. 397.15 (b) When a vehicle containing hazardous materials is being fueled:

- a. no person may remain in the cab
- b. a person must be in control of the fueling process at the point where the fuel tank is filled
- c. the area within 50 feet of the vehicle must be cleared
- d. the person who controls the fueling process must wear special clothes



MEDICAL EXAMINER'S NATIONAL REGISTRATION VERIFICATION

MOTOR CARRIER INSTRUCTIONS: The requirement to include verification of the medical examiner's National Registry listing in the driver's qualification file was published in the Federal Register April 20, 2012. Beginning **May 21, 2014** motor carriers must verify that the medical examiner who signed the driver's medical card is listed on the National Registry

§ 391.23: Investigation and inquiries. (m)(1) The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with § 391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by a medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV.

49 CFR 391.51 - General requirements for driver qualification files. (b)(9) A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §

Driver's Name: _____

Medical Examiner: _____

Nation Registry Number: _____

Motor Carrier Name: 3N Oilfield Services, LLC.

The above medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate for the named driver.

Verified By: _____

Date: _____



Texas Commercial Driver License Self-Certification Affidavit



Federal Regulations along with the State of Texas Administrative Rules require a commercial driver to certify in one of the 4 categories listed below to determine if a medical certificate is required. If you select category one (1) or three (3), you must present a valid medical certificate.

Last Name	First Name	Middle Name	Maiden Name
Driver License Number	Birth Date	Social Security Number	

I certify my commercial transportation is:

- Category 1. Non-expected Interstate. I operate or expect to operate in interstate commerce, am both subject to and meet the qualification requirements under 49 CFR part 391, and am required to obtain a medical examiner's certificate by § 391.45. *(CDL-4, CDL-10 box 7, medical certificate is required)*

- Category 2. Excepted Interstate. I operate or expect to operate in interstate commerce, but engage exclusively in transportation or operations excepted under 49 CFR 390.3(f), 391.2, 391.68 or 398.3 from all or parts of the qualification requirements of 49 CFR part 391. *(CDL-10)*

- Category 3. Non-Excepted Intrastate. I operate or expect to operate in intrastate commerce, and am subject to the physical qualifications of 49 CFR Part 391. *(CDL-5 part b, medical certificate is required)*

- Category 4. Excepted Intrastate. I operate or expect to operate in intrastate commerce, and engage exclusively in transportation or operations that exempt me from meeting the medical standards of 49 CFR Part 391. *(CDL-5 part a, CDL-10 box 10 or box 11)*

I certify that I have read, understand and meet the above checked categories for a commercial driver license.

Signature

Date

Please email, fax, or mail the medical certificate (if applicable) and the Self-Certification affidavit to:

Email (pdf format only): CDLMedCert@dps.texas.gov
Fax: 512-424-2002
Mail: Texas Department of Public Safety
 Enforcement & Compliance Service
 Attention: CDL Section
 P.O. Box 4087
 Austin, Texas 78773



Pre-Employment Urinalysis Notification

The Federal Motor Carrier Safety Regulations, Part 382.301, pre-employment testing requirements apply to driver applicants of our company.

382.301 Pre-Employment testing requirements include the following:

- (a) A motor carrier shall require a driver applicant, who the motor carrier intends to hire, to be tested for the use of controlled substances as a pre-qualification condition.
- (b) A driver applicant shall submit to a controlled substance test as a pre-qualification process.
- (c) Prior to collection of a urine sample under 382.113 of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing. I understand a positive test for controlled substances based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company. The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive test results will be reported to the company.

My written authorization is required for the urinalysis test results to be given to other parties. I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant Name (PRINTED)

Applicant Signature

Date of Signature

Manager Signature

Date of Signature



Drug & Alcohol Policy - Certificate of Receipt

To Be Reviewed and Completed By Driver

This is to certify that I have been provided educational materials that explain the requirements of Part 382 of the Federal Motor Carrier Safety Regulations, regarding the testing of alcohol and controlled substances. I have also been given information regarding the policies and procedures of this company, regarding alcohol and controlled substances testing.

The materials I have been given are detailed information on the following items:

1. The purpose of the testing program, as it relates to law and safety
2. The conduct that is prohibited
3. The consequences of misconduct
4. Those who must be tested
5. When tests are required, and why
6. The Drug Screen Panel
7. How samples are collected
8. How samples are tested
9. The definition of Refusal to Test
10. The description and responsibilities of a MRO
11. How testing records are kept confidential
12. Information on Assistance Programs
13. Facts on Alcohol
14. Facts on Drugs
15. Where to get help
16. The designated person to answer questions about the program
17. Company specific policies, including Disciplinary Action and Termination

Driver's Name: Last,

First

Middle Initial

Social Security Number

Driver's Signature

Date

Safety Manager's Signature (as witness)

Date



RELEASE OF CDL HOLDER'S REPORTED POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST RESULTS



Use this form to obtain the CDL holder's reported positive alcohol or controlled substance test results information.

This form should **ONLY** be used if you wish to inquire whether or not a prospective driver (CDL Holder) has had a positive alcohol or controlled substance test result reported to the Texas Department of Public Safety in compliance with state law.

THIS FORM IS NOT REQUIRED FOR REPORTING A POSITIVE ALCOHOL OR CONTROLLED SUBSTANCE TEST.

1. This form must be completed in full and include the driver's original signature.

**Texas Department of Public Safety
Motor Carrier Bureau, MSC #0521
6200 Guadalupe, Building P
Austin, Texas 78752-4019**

2. Deliver, mail or FAX the completed form to:

Facsimile: 512-424-5310

I, _____, Print Name of CDL Holder

of _____, Print Address of CDL Holder

authorize release of the CDL holder's reported positive alcohol or controlled substance test results reported under state law

to 3N Oilfield Services, LLC. Print Name

of 1330 E. 8th Suite 405 Odessa, Texas 79761 Print Address

Driver License Number _____ State _____ Date of Birth _____

Signature of Driver

Date

X

**If you wish to request and receive this information by electronic mail, submit a completed and notarized Electronic Mail Verification Form (MCS-32), available at the following web address:
<http://www.txdps.state.tx.us/forms/index.htm>.**

MCS-21 (Rev 9/10)

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

COMPANY NAME _____

EMPLOYEE NAME _____

I hereby authorize _____, hereinafter called COMPANY,
to initiate credit entries and to initiate if necessary, adjustments fo any credit entries in error to my checking and / or savings
account indicated below at the depository named below.

Deposit Institution: _____

Bank Name: _____

Bank Address: _____

Transit ABA No.: _____

Account Type: _____

Account No.: _____

Please attach a copy of a voided check

This authority is to remain in full force and effect until COMPANY, has received written notification from me of its termination
in such time and in such a manner as to afford COMPANY and Deposit Institution a reasonable opportunity to act on it.

Employee Signature _____

Date _____

_____ I decline to participate in the Direct Deposit program at this time.



DRUG SCREEN & TRAINING DEDUCTION

I understand that if my employment with 3N Oilfield Services, LLC is terminated for any reason, other than lack of work, before **90** days of employment, I will be responsible for the cost of my pre-employment drug screen &/or pre-employment medical card.

I, _____, authorize 3N Oilfield Services, LLC to deduct the following amounts from my final paycheck, should I leave my employment for any reason other than lack of work before the end of **90** days. _____ **Initials**

Cost of drug screen \$90.00 Cost of physical \$125.00 Cost of Training \$125.00

SPILL DEDUCTION

I, _____, authorize 3N Oilfield Services, LLC to deduct the cost of repair from my paycheck, should I incur a spill or destruction of property on the job site due to my negligence. _____ **Initials**

Driver Vehicle Inspection Reports

I, _____ have received notice on _____ that I am responsible for performing Pre-trip and Post-trip inspections for everyday I drive a company vehicle/equipment. I will document any and all repairs needed to be performed on the equipment and/or vehicles I am responsible for. I will notify my supervisor immediately of any repairs needed prior to my being dispatched and/or operating said equipment/vehicle. I understand that I am responsible for the care and condition of my truck and trailer. If this truck and/or trailer is in violation for any items that would reasonably be noticed during a Pre/Post Trip Inspection that I did not report or respond to prior to my operating vehicle; I understand and agree that I will be responsible for the cost of this company citation.

_____ **Initials**

Required Paperwork

I understand that I am required to turn in Driver’s Daily Logs, Mileage Reports, Work Orders, Pre-Trip, Mid-day and Post-Trip Vehicle Inspection Reports and Time Sheets on a WEEKLY basis(EVERY MONDAY BY 9AM). If I fail to turn in all required documents together; I understand that my time reported for that period may be held until all above supporting documents have been turned in and audited to verify time reported is accurate. Once all supporting documents have been verified I will receive compensation for hours worked on the following paycheck.

_____ **Initials**

Signature

Date



Policy Notice

The purpose of this policy notice is to highlight several key points outlined in the Motor Vehicle policy and to verify that all users of company vehicles understand their individual responsibilities for use of Company vehicles:

Motor Vehicle Policy

- Company owned or Company-leased vehicles are for business use only. Personal use of the vehicle is prohibited.
 - Transporting passengers for non-business purposes is strictly prohibited.
 - At no time may a non-employee operate a Company owned or Company-leased vehicle.
- All accidents/incidents will be reported immediately to your supervisor; regardless of severity or amount of damage.

General Safety Policy

- Safety Belts:
 - The driver and all occupants are required to wear safety belts when the vehicle is in operation or while riding in a vehicle.
- Impaired Driving:
 - The driver must not operate a vehicle at any time when his/her ability to do so is impaired, affected, influenced by alcohol, illegal drugs, prescribed or over-the-counter medication, illness, fatigue or injury.
- Traffic Laws:
 - Drivers must abide by the Federal, State, and local motor vehicle regulations, laws, and ordinances; with an emphasis on speed limits.
- Personal Electronic Communication Devices:
 - Use of cellular telephones, MP3s, and/or PDAs while driving is prohibited. If you have to make or receive a call, pull over to a safe location off the road and safely park before talking on the phone.

All individual questions or concerns can be brought to the attention of the Director of Safety or the Director of Human Resources. All incidents are reviewed on a case-to-case basis and failure to comply with these guidelines will result in disciplinary action up to, and including termination of employment.

I understand my individual responsibilities and will comply with the 3N Oilfield Services, LLC. Motor Vehicle policy.

Employee Signature

Date

Employee Name (print)



D.O.T. HOURS OF SERVICE & LOGBOOK POLICIES & PROCEDURES

All drivers' are expected to operate within D.O.T "Hours of Service" regulations and to know and comply with their duty status at all times. All drivers' are required to prepare complete and accurate records of duty status for each day and to submit the records to their Managers. The managers will ensure the Company's Fleet Coordinator will receive the records daily. The Fleet Coordinator will maintain duty status records on file with all supporting documentation.

All drivers' are required to retain, at least, the previous seven days worth of log duplicates. These duplicates will need to be made available for inspection, as requested, by D.O.T. or law enforcement personnel.

The logbook must be neat, legible, in driver's own handwriting, and must contain these completed items:

- Today's date
- Total vehicle miles today
- Miles driven
- Unit numbers
- Name of carrier
- Main office address of carrier
- Driver's signature
- Home Terminal address (The terminal you work from)(City and State)
- Bill of lading number / Commodity
- Completed grid (No White Out on Original Grid Copy)
- Completed hours on each line
- Total hours
- Post Trip Inspection is required to be documented and
- The duplicate Post-Trip copy must be retained in truck
- Do not leave blank spaces; Use "N/A" or a line "-----"
- If Off Duty, note "OFF DUTY" on the grid, and the location (i.e. – Houston, TX). You may put multiple, consecutive "Off Duty" days on one log sheet if there is no "cross over" into a new month

Do not operate a CMV after:

- 11 hours of driving following a minimum of ten consecutive hours off duty
- 14 consecutive hours "**on duty**" – which may include eleven hours of driving
- 10 consecutive hours "**off duty**" – to reset the 14 hour workday
- 70 total hours, on duty or driving, within eight consecutive day period.. After this a 34 hour "Off Duty" is required for

.As you “flag” each change of duty status, you must PRINT:

- The reason for the change (Pre-trip inspection, lunch, tire check, roadside inspection, etc)
- The complete name of the city (not abbreviated) or the closest mile-marker
- The state abbreviation (TX, LA, MS, etc.)
- For waiting time at a rig you must log as off duty and flag each waiting period with rig site, or information on where you are waiting in the Off Duty Well Site Space.

3N Oilfield Services, LLC. considers log violations to be a very serious

offense. **Log violations are defined as:**

- Over hours of service
- Log falsification
- Not completing and submitting logs as required
- Any D.O.T. log violation (Note: All violations must be reported to your manager and the Company Fleet Coordinator)
- Repeated violations or errors in completing logs, etc.

If it is discovered the log book was falsified, you will receive disciplinary and corrective action, up to and including termination of employment. Your first violation may result in a suspension of 1 week. A second violation, within 12 months of the first, may result in a 14-day suspension from work. A third violation within 12 months of the first may result in the immediate termination of your employment. We reserve the right to skip steps if it is determined by management the violation was severe enough to warrant skipping steps in this disciplinary process.

By signing below, I agree I have read, fully understand, and have had the opportunity to ask questions in reference to D.O.T. HOURS OF SERVICE & LOGBOOK POLICIES & PROCEDURES.

Print Full Name

Driver's Signature Required

Date



DRUG SCREEN & TRAINING DEDUCTION

I understand that if my employment with 3N Oilfield Services, LLC. is terminated for any reason, I will be responsible for the cost of my pre-employment drug screen &/or pre-employment medical card and any training that may have been paid for by the Company.

I, _____, authorize 3N Oilfield Services, LLC. to deduct the following amounts from my final paycheck, should I leave my employment for any reason other than lack of work before the end of 90 days. _____ **Initials**

Cost of drug screen \$90.00 Cost of physical \$125.00 Cost of Training \$125.00

SPILL DEDUCTION

I, _____, authorize 3N Oilfield Services, LLC. to deduct the cost of repair from my paycheck, should I incur a spill or destruction of property on the job site due to my negligence. _____ **Initials**

3N Oilfield Services, LLC.

Company Representative

Repayment date (if needed): _____

Total deducted: _____

Required Paperwork

I understand that I am required to turn in Driver's Daily Logs, Mileage Reports, Work Orders, Pre-Trip, Mid-day and Post-Trip Vehicle Inspection Reports and Time Sheets on a weekly basis. If I fail to turn in all required documents together; I understand that my time reported for that period may be held until all above supporting documents have been turned in and audited to verify time reported is accurate. Once all supporting documents have been verified I will receive compensation for hours worked on the following paycheck. _____ **Initials**

Signature

Date



Job Description : Truck Driver

Job Type : Full Time

This job description is an accurate description of the general responsibilities assigned to the position. This is not intended to be an exhaustive list of all responsibilities and activities required for the position.

RESPONSIBILITIES:

- Hauling oilfield frac sand and by-products using a straight truck and pneumatic trailer following EPA and DOT guidelines
- Operating a tractor and pneumatic trailer unit
- Operating all intake and discharge valves, wearing appropriate Personal Protective Equipment (PPE) while performing duties
- Performing safety inspections as required by DOT, and maintaining a DOT driver log
- Completing work tickets and maintaining daily inventory of tools, fittings and hose connections on the unit
- Conducting pre-and post-trip inspections of tractor trailer unit, hoses, fittings and valves
- Maintaining satisfactory customer service

PREFERRED QUALIFICATIONS:

- High school diploma, GED or equivalent
- Ability to work variable schedules/shifts and long hours
- Minimum of one (1) year experience operating a diesel truck in a DOT-regulated environment
- Valid CDL with a clear 5-year driving record
- Ability to work in all types of weather and conditions
- Basic knowledge of oilfield well servicing
- At least one (1) year of experience and knowledge of or experience in basic mechanical maintenance and repair of diesel trucks

PERSONAL DEMANDS

While performing the duties of this job, the employee is expected to work alone, extended hours and/or shift work, requiring high concentration, repetitious operations with frequent interruptions and competing deadlines with a moderate level of stress.

PHYSICAL DEMANDS

- While performing the duties of this job, the employee is regularly required to work sitting or standing for prolonged or continuous periods of time; frequently reaching with higher mobility from floor to waste level; use of hands to finger, handle, or feel.
- The employee is occasionally required to crouch, crawl, kneel, climb and balance.
- The employee must be able to lift and/or move up to 50 pounds.
- Specific vision abilities required by this job include distance vision, peripheral vision, and depth perception.

WORK ENVIRONMENT

While performing the duties of this job, the employee is regularly exposed to outside heat, dirt, dust, moving mechanical parts, toxic or caustic chemicals, fumes or airborne particles. The employee may occasionally be exposed to hot or cold weather conditions.

I certify I have read and understand the responsibilities assigned to this position.

Signature

Printed Name

Date

Signed form must be submitted to Corporate Human Resources



WAGE DEDUCTION AUTHORIZATION AGREEMENT

I understand and agree that my employer 3N Oilfield Services LLC., may deduct money from my pay from time to time for reasons that fall into the following categories:

- (1) My share of the premiums for the Company's group medical/dental plan;
- (2) Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the Company;
- (3) Installment payments on loans or wage advances given to me by the Company, and if there is a balance remaining when I leave the Company, the balance of such loans or advances;
- (4) Installment payments on loans based upon store credit that I use for my own personal purchases, including the value of merchandise or services that I purchase or have purchased for personal, non-business reasons using my employee charge account or credit card, an account or credit card assigned to another employee, or a general company account or credit card, regardless of whether such purchase was authorized, and if there is a balance remaining when I leave the Company, the balance of such store credit or charges;
- (5) If I receive an overpayment of wages for any reason, repayment to the Company of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the Company and I agree in writing to a series of smaller deductions in specified amounts);
- (6) The cost to the Company of personal long-distance calls I may make on Company phones or on Company accounts, of personal faxes sent by me using Company equipment or Company accounts, or of non-work related access to the Internet or other computer networks by me using Company equipment or Company accounts;
- (7) The cost of repairing or replacing any Company supplies, materials, equipment, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment (except in the case of misappropriation of money by me, I understand that no such deduction will take my pay below minimum wage, or, if I am a salaried exempt employee, reduce my salary below its predetermined amount);
- (8) The cost of Company uniforms and of cleaning the uniforms (the Company will deduct only the actual price it pays for uniforms and cleaning cost);
- (9) The reasonable cost of fair value, whichever is less, of meals, lodging, and other facilities furnished to me by the Company in connection with my employment;
- (10) Administrative fee in connection with court-ordered garnishments or legally-required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws;
- (11) If I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered;



- (12) The value of any time off for absences to which paid leave is not applied (except in the case of those who are paid a fixed salary for fluctuating workweeks, non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day or week at a time, depending upon the exact nature of the absence, unless partial-day deductions are specifically allowed under federal law); and
- (13) If my employer pays any insurance premiums of retirement system contributions (“payments”) on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being an advance of future wages payable to me.

I agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand that the Company has stated its intention to abide by all applicable federal and Texas wage and hour laws and that if I believe that any such law has not been followed, I have the right to file a wage claim with appropriate Texas federal agencies.

_____ Employee’s name

_____ Date

_____ Name of Company

Representative

_____ Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
<input type="checkbox"/> Other (see instructions) ▶	
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
or				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Form W-4 (2018)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

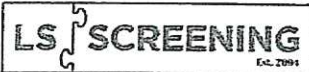
Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	



3N Oilfield Services	Permissible Purpose Certification: <input checked="" type="checkbox"/> Pre-Employment Screening
Unless noted, please provide a LEVEL 1 SERVICE	OTHER SERVICE:

BACKGROUND SCREENING DISCLOSURE AND AUTHORIZATION

Applicants: Please read the following statements carefully

NOTICE

In connection with your application for or continued employment, 3N Oilfield Services ("Company") may order a background report ("consumer report") or an "investigative consumer report". These reports may be obtained at any time after receipt of your signed authorization and, if you are hired by Company, throughout your employment where permissible by law. These reports may contain information about your character, general reputation and/or mode of living and may include information including, but not limited to: social security number verification, criminal/civil records, driving records, employment and education history, professional licensing/certifications, credit reports, and drug testing results.

Investigative consumer reports are consumer reports gathered from personal interviews with sources such as your neighbors, friends, or associates. You have the right, upon written request made within a reasonable time after receipt of this notice to ask the Company to disclose the nature and scope of any investigative consumer report. You also may request a copy of that report from the Company. A disclosure regarding the nature and scope of an investigative consumer report shall be made in writing and delivered to you by the Company no later than five days after (i) the date on which your request for the disclosure was received or (ii) the date on which the investigative consumer report was first requested, whichever is later.

LS Screening, LLC, ("LSS"), a Consumer Reporting Agency, will prepare the consumer report. They may be contacted at:

PO Box 270152
Austin TX 78727
(800) 755-3392 Voice/(800) 283-4883 Fax.

Per the Fair Credit Reporting Act, you may be entitled to a copy of the report. The Fair Credit Reporting Act gives you specific rights in dealing with Consumer Reporting Agencies. You will find these rights summarized in *A Summary of Your Rights Under the Fair Credit Reporting Act*. A copy of that document can be found at http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

Minnesota applicants only: You have the right, upon written request to LSS, to receive a complete and accurate disclosure of the nature and scope of any consumer report. LSS must make this disclosure within five days of your request for disclosure or of the Company's request for the report, whichever is later.

Minnesota / Oklahoma applicants: You have the right to receive a copy of your consumer/investigative consumer report by checking "Yes" below. Please check the appropriate box if you would like to receive a free copy of your consumer report.

YES NO

New Jersey applicants: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS. You may inspect and order a free copy of the report by contacting LSS.

New York applicants: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS, and you will be provided with the name and address of LS Screening. You may inspect and order a free copy of the report by contacting LSS. By signing below, you certify that you have received a copy of New York Correction Law 23-A.

Washington State applicants: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report requested by the Company. You also have the right to ask LSS for a written summary of your rights under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND REPORTS

By providing the requested information and signing below, I acknowledge receipt of the Background Screening Disclosure and Authorization Notice, A Summary of Your Rights under the Fair Credit Reporting Act (available at http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf) and any other document referenced in this Background Screening Disclosure and Authorization Notice and certify that I have read and understand all of those documents provided to me by the Company. By my signature below I hereby authorize the Company to obtain consumer reports and/or investigative consumer reports for employment purposes at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LS Screening, PO Box 270152, Austin TX 78727, (800) 755-3392 Voice/(800) 283-4883 Fax. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that signing my name below, constitutes my consent and that by doing so: I am acknowledging Company has disclosed that they may request a consumer report or investigative consumer report; that I am authorizing LS Screening to conduct the background check(s) described above; and I certify that facts and information in this form and any attachments I have provided are true, accurate, and complete to the best of my knowledge.

PLEASE PROVIDE ALL INFORMATION AND PRINT CLEARLY

APPLICANT'S LEGAL NAME:

Last Name

First

M.I.

SOCIAL SECURITY #:

DATE OF BIRTH:

Month/Day/Year

CURRENT HOME ADDRESS:

Street

City/State

Zip

DRIVER'S LICENSE #:

STATE OF ISSUANCE:

EMAIL ADDRESS:

APPLICANT SIGNATURE :

DATE: