



EMPLOYER USE ONLY

NAME _____ NICKNAME _____

HIRE DATE _____

JOB TITLE/ POSITION _____

PAY RATE _____ PER HOUR
_____ PER DIEM
_____ TRUCK PAY
_____ OTHER

_____ NEW CONSTRUCTION
_____ MAINTENANCE
_____ ANOMALY
_____ ADMINISTRATION

ASSIGNED A TRUCK YES _____ NO _____

IF YES

TRUCK NUMBER _____

CARD NUMBER _____

LAST 5 OF TRUCK VIN _____



APPLICATION FOR EMPLOYMENT

Pine Belt Energy Services LLC
6466 Highway 13 Lumberton, Ms. 39455 Phone Number 601-674-1630
US DOT Number 2781778

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, union affiliation, sexual orientation, the presence of a non-job related medical condition or handicap, or an other category protected by law.

APPLICANT INFORMATION

Applicant's Name		Nickname		Date of Application	
Current Address		City	State	Zip	
		Date of Birth	Phone Home: Cell:		

ADDRESSES FOR THE PAST THREE YEARS *(Prior to date of application)*

1.	Street Address	City	State and Zip	How Long?
2.	Street Address	City	State and Zip	How Long?
3.	Street Address	City	State and Zip	How Long?

GENERAL QUESTIONS

1. Position Applying For: _____ Full Time Part Time Temporary
2. Who Referred You: _____ Rate of Pay Expected: _____
3. Have you worked here before? YES NO If yes, from: _____ to _____
 Which location: _____ List Position Held: _____
 List Rate of Pay: _____ Reason for Leaving: _____
4. Names of any relatives employed by this company: _____
5. Are you employed now? YES NO If not, how long since leaving last employment? _____
6. What date are you available to start work? _____.
7. Are you legally qualified to work in this country? YES NO
8. Have you ever been convicted of a felony? YES NO If yes, please attach explanation statement.

EMPLOYMENT HISTORY

All applicants must provide the following information on all work references during the preceding **three (3) years** from the date application is submitted. **NOTE: Please list companies in reverse order starting with the most recent and leave no gaps in employment history. Please request additional sheets if necessary.**

Company Name: _____		
Company Address: _____		
Street	City	State & ZIP
Contact: _____	Phone Number: _____	
Employed From: Month _____ Year _____	To: Month _____ Year _____	Total Months: _____
Position(s) Held: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?		
<input type="checkbox"/> YES <input type="checkbox"/> NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?		
Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Other (please describe): _____		
Explanation: _____		

Company Name: _____		
Company Address: _____		
Street	City	State & ZIP
Contact: _____	Phone Number: _____	
Employed From: Month _____ Year _____	To: Month _____ Year _____	Total Months: _____
Position(s) Held: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?		
<input type="checkbox"/> YES <input type="checkbox"/> NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?		
Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Other (please describe): _____		
Explanation: _____		

Company Name: _____		
Company Address: _____		
Street	City	State & ZIP
Contact: _____	Phone Number: _____	
Employed From: Month _____ Year _____	To: Month _____ Year _____	Total Months: _____
Position(s) Held: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?		
<input type="checkbox"/> YES <input type="checkbox"/> NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?		
Reason for Leaving: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Other (please describe): _____		
Explanation: _____		

Company Name: _____
Company Address: _____
Street City State & ZIP
Contact: _____ Phone Number: _____
Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____
Position(s) Held: _____
 YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?
 YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?
Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____
Explanation: _____

Company Name: _____
Company Address: _____
Street City State & ZIP
Contact: _____ Phone Number: _____
Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____
Position(s) Held: _____
 YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?
 YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?
Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____
Explanation: _____

Company Name: _____
Company Address: _____
Street City State & ZIP
Contact: _____ Phone Number: _____
Employed From: Month _____ Year _____ To: Month _____ Year _____ Total Months: _____
Position(s) Held: _____
 YES NO Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer?
 YES NO Was this job designated as a safety sensitive function in any D.O.T. regulated mode subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?
Reason for Leaving: Resignation Lay Off Termination Other (please describe): _____
Explanation: _____



EMERGENCY CONTACT INFORMATION

PERSON TO NOTIFY _____

PHONE NUMBER _____

RELATIONSHIP _____

EMPLOYEE HEALTH RECORD

NAME _____

DATE OF BIRTH _____

HEIGHT _____ WEIGHT _____

DIABETIC YES _____ NO _____

HIGH BLOOD PRESSURE YES _____ NO _____

CONTACTS/ GLASSES YES _____ NO _____

ALLERGIES _____

MEDICATIONS TAKEN DAILY _____

PAST MEDICAL HISTORY _____

ANYTHING WE SHOULD KNOW IN CASE OF EMERGENCY _____



Pine Belt Energy Services, LLC

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Pine Belt Energy Services, LLC to initiate automatic deposits to my account at the financial institution named below. I also authorize Pine Belt Energy Services, LLC to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Pine Belt Energy Services, LLC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Pine Belt Energy Services, LLC receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.



IF FOR ANY REASON EMPLOYMENT SHOULD BE TERMINATED, EITHER VOLUNTARILY OR INVOLUNTARILY, WITHIN THE FIRST 60 DAYS, THE PRICE OF THE DRUG TEST AND ANY PPE NOT RETURNED WILL BE WITHHELD FROM FINAL PAYCHECK.

EMPLOYEE

DATE



DRUG AND ALCOHOL SCREENING ACKNOWLEDGEMENT / RECEIPT FORM

I (print name) _____, consent and authorize the release of all DOT mandated drug and alcohol information from all employers which I have worked in a DOT safety-sensitive position or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40:25, or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle.

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

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the Company and DOT drug and alcohol program. I have also been provided with informational material on the dangers and problems of drug abuse and alcohol misuse.

I also understand I must be able to provide a current prescription on any or all medication if my initial and future drug screening test results reads "a positive or questionable positive". The prescription must be provided the same day I am notified of the drug test results. A prescription dated after the fact will not be accepted. Failure to do so would result in a refusal of hiring or termination of employment by Pine Belt Energy Services, LLC.

Signed, this the _____ day of _____, 20_____.

Employee Name (Please Print)

Employee Signature

Company Representative Name (Please Print)

Company Representative Signature



Authorization to Release DOT Drug and Alcohol Results
(SECTION I: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE)

DOT Drug/Alcohol History Check

Applicant/Employee: _____

Current Employer: Pine Belt Energy Services, LLC. : Address: 6466 Hwy 13, Lumberton, MS 39455

Phone: 601 918-6647 Fax: 601 796-3290 email: thinton@pinebeltenergyservices.com

I understand that as a condition of hire with the above named "Company", I must consent and authorize the release of all DOT mandated drug and alcohol information from all the employers which I have worked in a DOT safety-sensitive position...

Mark: YES or NO.

1. Yes ___ No ___ I have not worked in a DOT safety-sensitive position for a DOT regulated company in the past (2 years or / and 3 years for CMV drivers. If yes is marked, proceed to sign and date form.

2. Yes ___ No ___ I tested positive or refuse to test, on a DOT pre-employment or alcohol test administered by any DOT regulated Employer who did not hire me within the past two years (or three years for CMV drivers, 5 years for Pilots).

*If yes for question 2, provide Employer's Name's, Phone: Complete address: Email:

I hereby authorize the following previous employer/company to furnish the DOT information requested in section 2 below. (Two years for DOT pipeline or three years CMV driver)

Table with 5 columns: Previous Employer, Complete Address (City, State, Zip), Phone Number, Fax Number, Employment Dates. Contains 3 empty rows for data entry.

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions listed above. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination...

Applicant Signature, Social Security Number, Phone Number, Date

Section II: TO BE COMPLETED BY PREVIOUS EMPLOYER(S) ONLY

In Pursuant to DOT Regulations, the Company named above, is required to obtain and as a Previous Employer, you are required to release DOT drug and alcohol information listed below concerning Applicant named above. The information requested covers the period of employment on Applicant going back 2 years (Pipeline) or 3 years (CMV Drivers) from the date of this request.

Table with 2 columns: YES, NO. Rows include questions about DOT alcohol test results, drug test results, refusal to submit to DOT required drug/alcohol test, other violations, previous employer reports, and return-to-duty process.

(Note: If "YES" for item 5, you must provide the previous employer's report.

If "YES" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g SAP report(s), follow-up record, etc)

Name of Person Completing Form Title Phone Date

Form W-4 (2017)

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. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

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 may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You're single and have only one job; or
 • You're married, have only one job, and your spouse doesn't work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$2,000 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
 (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then **less "1"** if you have two to four eligible children or **less "2"** if you have five or more eligible children.
 • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. **G** _____

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, complete all worksheets that apply.
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		► Whether you are 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.		2017	
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
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 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • 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 ► 7					
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 lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR		AND
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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	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:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	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)

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		Drivers License or ID _____		Social Security Card _____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
Pine Belt Energy Services, LLC, 6466 Hwy 13, Lumberton, MS 39455		

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
----------------------------------------------------	-----------------------



WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE FORM WV/IT-104

Complete this form and present it to your employer to avoid any delay in adjusting the amount of state income tax to be withheld from your wages.

If you do not complete this form, the amount of tax that is now being withheld from your pay may not be sufficient to cover the total amount of tax due the state when filing your personal income tax return after the close of the year. You may be subject to a penalty on tax owed the state.

Individuals are permitted a maximum of one exemption for themselves, plus an additional exemption for their spouse and any dependent other than their spouse that they expect to claim on their tax return.

If you are married and both you and your spouse work and you file a joint income tax return, or if you are working two or more jobs, the revised withholding tables should result in a more accurate amount of tax being withheld.

If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, you must check the box on line 5.

When requesting withholding from pension and annuity payments you must present this completed form to the payor. Enter the amount you want withheld on line 6.

If you determine the amount of tax being withheld is insufficient, you may reduce the number of exemptions you are claiming or request additional taxes be withheld from each payroll period. Enter the additional amount you want to have withheld on line 6.

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WV/IT-104
Rev. 12/09

WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE



Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

1. If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0" _____
2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
 - (a) If you claim both of these exemptions, enter "2"
 - (b) If you claim one of these exemptions, enter "1"
 - (c) If you claim neither of these exemptions, enter "0"
3. If you claim exemptions for one or more dependents, enter the number of such exemptions. _____
4. Add the number of exemptions which you have claimed above and enter the total
5. If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here
6. Additional withholding per pay period under agreement with employer, enter amount here \$ _____

Note that special withholding allowances provided on Federal Form W-4 may not be claimed on your West Virginia Form WV/IT-104 I CERTIFY, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.

Date _____

Signature _____

----- cut here -----

WV/IT-104
Rev. 12/09

WEST VIRGINIA CERTIFICATE OF NONRESIDENCE



This form is to be completed by employees who reside in Kentucky, Maryland, Ohio, Pennsylvania, Virginia or by an employee who is a Military Spouse exempt from income tax on wages.

If you are a resident of Kentucky, Maryland, Ohio, Pennsylvania or Virginia and your only source of income from West Virginia is wages or salaries, you are exempt from West Virginia Personal Income Tax Withholding. Upon receipt of this form, properly completed, your employer is authorized to discontinue the withholding of West Virginia Income Tax from your wages or salaries earned in West Virginia.

If you are a military spouse and (a) your spouse is a member of the armed forces present in West Virginia in compliance with military orders; (b) you are present in West Virginia solely to be with your spouse; and (c) you maintain your domicile in another State and you are claiming exemption under the Servicemember Civil Relief Act, enter your state of domicile (legal residence) on the following statement and attach a copy of your spousal military identification card.

I certify that I am a legal resident of the state of _____ and am not subject to West Virginia withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

Name _____ Social Security Number _____
Address _____
City _____ State _____ Zip Code _____

I hereby certify, under penalties provided by law, that I am not a resident of West Virginia, that I reside in the State of _____ and live at the address shown on this certificate, and request is hereby made to my employer to NOT withhold West Virginia income tax from wages paid to me. If at any time hereafter I become a resident of West Virginia, or otherwise lose my status of being exempt from West Virginia withholding taxes, I will properly notify my employer of such fact within ten (10) days from the date of change so that my employer may then withhold West Virginia income tax from my wages.

I certify that the above statements are true, correct, and complete.

Date _____ Signature _____

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:


- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



**Department of
Taxation**

Employee's Withholding Exemption Certificate

Print full name _____ Social Security number _____

Home address and ZIP code _____

Public school district of residence _____ School district no. _____
(See *The Finder* at tax.ohio.gov.)

- 1. Personal exemption for yourself, enter "1" if claimed _____
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) _____
- 3. Exemptions for dependents _____
- 4. Add the exemptions that you have claimed above and enter total _____
- 5. Additional withholding per pay period under agreement with employer \$ _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date _____

Definitions

When implementing and interpreting the drug and alcohol policies and procedures required by the FMCSA as well as the policies and procedures required by the company, the following definitions apply:

Actual knowledge means actual knowledge by an employer that a driver has used alcohol or controlled substances based on the employer's direct observation of the driver, information provided by the driver's previous employer(s), a traffic citation for driving a CMV while under the influence of alcohol or a controlled substance, or a driver's admission of alcohol or controlled substance use under the provisions of Sec. 382.121. Direct observation as used in this definition means observation of alcohol or controlled substance use and does not include observation of driver behavior or physical characteristics sufficient to warrant reasonable suspicion testing under Sec. 382.307.

Adulterated specimen means a specimen that has been altered, as evidenced by test results showing either a substance that is not a normal constituent for that type of specimen or showing an abnormal concentration of an endogenous substance.

Alcohol means the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

Alcohol concentration (or content) means the alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath as indicated by an evidential breath test.

Alcohol screening device (ASD) means a breath or saliva device, other than an evidential breath testing device (EBT) that is approved by the National Highway Traffic Safety Administration (NHTSA) and placed on a conforming products list (CPL) for such devices.

Alcohol use means the consumption of any beverage, liquid mixture, or preparation, including any medication, containing alcohol.

Aliquot means a fractional part of a specimen used for testing. It is taken as a sample representing the whole specimen.

Breath Alcohol Technician (or BAT) means an individual who instructs and assists individuals in the alcohol testing process, and operates an evidential breath testing device (EBT).

Collection site means a place designated by the company, where individuals present themselves for the purpose of providing a urine specimen for a drug test.

Commercial motor vehicle means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:

- Has a gross combination weight rating of 26,001 or more pounds (11,794 or more kilograms) inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds (4,536 kilograms); or
- Has a gross vehicle weight rating of 11,794 or more kilograms (26,001 or more pounds); or
- Is designed to transport 16 or more passengers, including the driver; or
- Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR Part 172, subpart F).

Confirmatory drug test means a second analytical procedure to identify the presence of a specific drug or metabolite which is independent of the initial test and which uses a different technique and chemical principle from that of the initial test in order to ensure reliability and accuracy. (Gas chromatography/mass spectrometry (GC/MS) is the only authorized confirmation method for cocaine, marijuana, opiates, amphetamines, and phencyclidine).

Confirmatory validity test means a second analytical procedure performed on a different aliquot of the original specimen to identify and quantify the presence of a specific drug or drug metabolite.

Consortium/Third-party administrator (C/TPA) is a service agent that provides or coordinates the provision of a variety of drug and alcohol testing services for the company. C/TPAs typically perform administrative tasks concerning the operation of the company's drug and alcohol testing programs. This term includes, but is not limited to, groups of employers who join together to administer, as a single entity, the DOT drug and alcohol testing programs of its members. C/TPAs are not "employers."

Controlled substances mean those substances identified in 49 CFR, Section 40.85. In accordance with FMCSA rules, urinalyses will be conducted to detect the presence of the following substances:

- Marijuana
- Cocaine
- Opiates
- Amphetamines
- Phencyclidine (PCP).

Detection levels requiring a determination of a positive result shall be in accordance with the guidelines adopted by the PHMSA in accordance with the requirements established in 49 CFR, Section 40.87.

Initial test analyte	Initial test cutoff concentration	Confirmatory test analyte	Confirmatory test cutoff concentration
Marijuana metabolites	50 ng/mL	THCA1	15 ng/mL.
Cocaine metabolites	150 ng/mL	Benzoylcegonine	100 ng/mL.
Opiate metabolites Codeine/Morphine2	2000 ng/mL	Codeine Morphine	2000 ng/mL. 2000 ng/mL.
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL.
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL.
Amphetamines3 AMP/MAMP4	500 ng/mL	Amphetamine Methamphetamine5	250 ng/mL. 250 ng/mL.
MDMA6	500 ng/mL	MDMA MDA7 MDEA8	250 ng/mL. 250 ng/mL. 250 ng/mL.

¹Delta-9-tetrahydrocannabinol-9-carboxylic acid (THCA).

²Morphine is the target analyte for codeine/morphine testing.

³Either a single initial test kit or multiple initial test kits may be used provided the single test kit detects each target analyte independently at the specified cutoff.

⁴Methamphetamine is the target analyte for amphetamine/methamphetamine testing.

⁵To be reported positive for methamphetamine, a specimen must also contain amphetamine at a concentration equal to or greater than 100 ng/mL.

⁶Methylenedioxymethamphetamine (MDMA).

⁷Methylenedioxyamphetamine (MDA).

⁸Methylenedioxyethylamphetamine (MDEA)

Designated employer representative (DER) is an individual identified by the employer as able to receive communications and test results from service agents and who is authorized to take immediate actions to remove drivers from safety-sensitive duties and to make required decisions in the testing and evaluation processes. The individual must be an employee of the company. Service agents cannot serve as DERs.

Dilute specimen means a urine specimen with creatinine and specific gravity values that are lower than expected for human urine.

Direct observation means the observer must request the employee to raise his or her shirt, blouse, or dress/skirt, as appropriate, above the waist; and lower clothing and underpants to show, by turning around, that he/she does not have a prosthetic device. After observer has determined that the employee does not have such a device, he/she may permit the employee to return clothing to its proper position for observed urination.

Disabling damage means damage that precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs.

1. *Inclusions.* Damage to motor vehicles that could have been driven, but would have been further damaged if so driven.
2. *Exclusions.*
 - a. Damage which can be remedied temporarily at the scene of the accident without special tools or parts.
 - b. Tire disablement without other damage even if no spare tire is available.
 - c. Headlight or taillight damage.
 - d. Damage to turn signals, horn, or windshield wipers which make them inoperative.

Driver means any person who operates a commercial motor vehicle. This includes, but is not limited to: full time, regularly employed drivers; casual, intermittent or occasional drivers; leased drivers and independent, owner-operator contractors who are either directly employed by or under lease to an employer or who operates a commercial motor vehicle at the direction of or with the consent of an employer.

Drug means any substance (other than alcohol) that is a controlled substance as defined in this policy and 49 CFR Part 40.

Evidential breath testing device (EBT) means a device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the 0.02 and 0.04 alcohol concentrations, placed on NHTSA's Conforming Products List (CPL) for "Evidential Breath Measurement Devices" and identified on the CPL as conforming with the model specifications available from NHTSA's Traffic Safety Program.

FMCSA means Federal Motor Carrier Safety Administration, U.S. Department of Transportation.

Initial drug test (also known as a "Screening drug test") means the test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites.

Initial specimen validity test means the first test used to determine if a urine specimen is adulterated, diluted, substituted, or invalid.

Invalid result means the result reported by an HHS-certified laboratory in accordance with the criteria established by HHS Mandatory Guidelines when a positive, negative, adulterated, or substituted result cannot be established for a specific drug or specimen validity test.

Laboratory means any U.S. laboratory certified by HHS under the National Laboratory Certification Program as meeting the minimum standards of Subpart C of the HHS Mandatory Guidelines for Federal Workplace Drug Testing Programs; or, in the case of foreign laboratories, a laboratory approved for participation by DOT under Part 40.

Licensed medical practitioner means a person who is licensed, certified, and/or registered, in accordance with applicable federal, state, local, or foreign laws and regulations, to prescribe controlled substances and other drugs.

Medical Review Officer (MRO) is a person who is a licensed physician (Doctor of Medicine or Osteopathy) and who is responsible for receiving and reviewing laboratory results generated by the company's drug testing program and evaluating medical explanations for certain drug test results.

Negative result means the result reported by an HHS-certified laboratory to an MRO when a specimen contains no drug or the concentration of the drug is less than the cutoff concentration for the drug or drug class and the specimen is a valid specimen.

Non-negative specimen means a urine specimen that is reported as adulterated, substituted, positive (for drug(s) or drug metabolite(s)), and/or invalid.

Oxidizing adulterant means a substance that acts alone or in combination with other substances to oxidize drugs or drug metabolites to prevent the detection of the drug or drug metabolites, or affects the reagents in either the initial or confirmatory drug test.

Performing (a safety-sensitive function) means a driver is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions.

Positive result means the result reported by an HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentrations.

Prescription medications means the use (by a driver) of legally prescribed medications issued by a licensed health care professional familiar with the driver's work related responsibilities.

Refuse to submit (to an alcohol or controlled substances test) means that a driver:

1. Fails to appear for any test (except pre-employment) within a reasonable time, as determined by the company, consistent with applicable DOT regulations, after being directed to do so by the company. This includes the failure of a driver (including an owner-operator) to appear for a test when called by a C/TPA;
2. Fails to remain at the testing site until the testing is complete (except pre-employment if the driver leaves before the testing process begins);
3. Fails to provide a urine specimen for any DOT required drug test (except pre-employment if the driver leaves before the testing process begins);
4. In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring of the driver's provision of the specimen;
5. Fails to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
6. Fails or declines to take a second test the employer or collector has directed the driver to take;
7. Fails to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the DER (In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment);
8. Fails to cooperate with any part of the testing process (e.g., refuse to empty pockets when directed by the collector, behave in a confrontational way that disrupts the collection process, fail to wash hands after being directed to do so by the collector).
9. For an observed collection, fails to follow the observer's instructions to raise his/her clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if he/she has any type of prosthetic or other device that could be used to interfere with the collection process.
10. Possesses or wears a prosthetic or other device that could be used to interfere with the collection process.
11. Admits to the collector or MRO that he/she adulterated or substituted the specimen.
12. Is reported by the MRO as having a verified adulterated or substituted test result.

Safety-sensitive function means all time from the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work. Safety-sensitive functions include:

- All time at an employer or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the company;
- All time inspecting equipment as required by Secs. 392.7 and 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- All time spent at the driving controls of a commercial motor vehicle in operation;
- All time, other than driving time, in or upon any commercial motor vehicle, except time spent resting in a sleeper berth (a berth conforming to the requirements of Sec. 393.76);
- All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
- All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

Screening test technician (STT) is a person who instructs and assists employees in the alcohol testing process and operates an alcohol screening device (ASD).

Split specimen collection means a collection in which the urine collected is divided into two separate specimen bottles, the primary specimen (Bottle A) and the split specimen (Bottle B).

Stand-down means the practice of temporarily removing a driver from the performance of safety-sensitive functions based only on a report from a laboratory to the MRO of a confirmed positive drug test for a drug or drug metabolite, an adulterated test, or a substituted test, before the MRO has completed verification of the test results.

Substance abuse professional (SAP) is a person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare. A SAP must be:

- A licensed physician (Doctor of Medicine or Osteopathy);
- A licensed or certified social worker;
- A licensed or certified psychologist;
- A licensed or certified employee assistance professional; or
- A drug and alcohol counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or by the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC), or by the National Board for Certified Counselors, Inc and Affiliates/Master Addictions Counselor (NBCC).

Substituted specimen means a urine specimen with creatinine and specific gravity values that are so diminished or so divergent that they are not consistent with normal human urine.



CORRECTION OF PAYCHECKS

PINE BELT ENERGY SERVICES, LLC PREPARES AND ISSUES YOUR PAYCHECKS WITH INFORMATION PROVIDED BY YOU. WE HAVE ESTABLISHED THE FOLLOWING PROCEDURES FOR ADDRESSING PAYCHECK ISSUES, MISTAKES/ DISPUTES. IF YOU FEEL THAT THE PAYCHECK ISSUED TO YOU IS INCORRECT AS TO MISTAKES/ DISPUTES INVOLVING RATE OF PAY, HOURS WORKED, OVERTIME OR FOR ANY OTHER REASON, CONTACT YOUR SUPERVISOR AT YOUR WORKSITE IMMEDIATELY. IF THE ISSUE CANNOT BE RESOLVED WITH YOUR SUPERVISOR, CONTACT THE PAYROLL DEPARTMENT WITHIN 48 HOURS OF THE RECEIPT OF YOUR PAYCHECK, REPORT THE NATURE OF THE MISTAKE/ DISPUTE, AND FORWARD A WRITTEN STATEMENT OF THE REASONS YOU THINK THE PAYCHECK ISSUED TO YOU IS INCORRECT TO JLEE@PINEBELTENERGYSERVICES.COM. THE PAYROLL DEPARTMENT WILL GET BACK WITH YOU BY EMAIL OR PHONE TO RESOLVE THE ISSUE.

BY SIGNING THIS NOTICE YOU ACKNOWLEDGE READING AND UNDERSTANDING YOUR RIGHTS AND DUTIES UNDER THE PROCEDURE REFERRED TO.

EMPLOYEE

DATE



SEXUAL HARASSMENT POLICY

PINE BELT ENERGY SERVICES, LLC IS COMMITTED TO CREATING A WORKPLACE THAT IS FREE FROM INLAWFUL HARRASSMENT.

PINE BELT ENERGY SERVICES, LLC CONSIDERS SEXUAL HARRASSMENT IN ALL ITS FORMS TO BE A SESRIOUS OFFENSE. THIS POLICY APPLIES TO ALL EMPLOYEES.

SEXUAL HARRASSMENT CAN INVOLVE MALES OR FEMALES BEING HARRASSED BY MEMBERS OF EITHER SEX. ALTHOUGH SEXUAL HARRASSMENT TYPICALLY INVOLVES A PERSON IN A GREATER POSITION OF AUTHORITY AS THE HARRASSER, INDIVIDUALS IN POSITIONS OF LESSER OR EQUAL AUTHORITY CAN ALSO BE FOUND RESPONSIBLE FOR ENGAGING IN PROHIBITED HARRASSMENT. EMPLOYEES ARE PROHIBITED FROM HARRASSING OTHER EMPLOYEES WHETHER OR NOT THE INCIDENTS OF HARRASSMENT OCCUR ON PINE BELT ENERGY SERVICES, LLC'S PREMISES AND WHETHER OR NOT THE INCIDENTS OCCUR DURING WORKING HOURS.

ANY PERSON WHO VIOLATES THIS POLICY WILL BE SUBJECT TO DISCIPLINE, UP TO AND INCLUDING TERMINATION.

ANY EMPLOYEE WHO BELIEVES THAT THERE HAS BEEN A VIOLATION RELATING TO SEXUAL HARRASSMENT SHUOLD IMMEDIATELY CONTACT THE OFFICE OR REPRESENTATIVE. ALL COMPLAINTS ARE PROMPTLY INVESTIGATED. ALL INDIVIDUALS ARE EXPECTED TO COOPERATE WITH AN INVESTIGATION. THE INFORMATION ABTAINED IN THE COURSE OF AN INVESTIGATION IS HELD IN CONFIDENCE AND IS ONLY DISCLOSED TO INDIVIDUALS WHO HAVE A NEED FOR THE INFORMATION.

SEXUAL HARRASSMENT IS UNWANTED SEXUAL ADVANCES, REQUESTS FOR SEXUAL FAVORS, VISUAL OR VERBAL, OR PHYSICAL CONDUCT OF A SEXUAL NATURE WHEN:

- SUBMISSION TO SUCH CONDUCT IS MADE A TERM OR CONDITION OF EMPLOYMENT
- SUBMISSION TO OR REJECTION OF SUCH CONDUCT IS USED AS A BASIS FOR EMPLOYMENT DECISIONS AFFECTING THE INDIVIDUAL
- SUCH CONDUCT HAS THE PURPOSE OF EFFECT OF UNREASONABLY INTERFERING WITH AN EMPLOYEE'S WORK PERFORMANCE OR CREATING AND INTIMIDATING HOSTILE, OR OFFENSIVE WORKING ENVIRONMENT

WHILE SEXUAL HARRASSMENT ENCOMPASSES A WIDE RANGE OF CONDUCT, SOME EXAMPLES OF SPECIFICALLY PROHOBITED CONDUCT INCLUDE BUT NOT LIMITED TO:

- PROMISING DIRECTLY OR INDIRECTLY, AN EMPLOYEE A REWARD IF THE EMPLOYEE COMLIETS WITH A SEXUALLY ORIENTED REQUEST
- THRREATENING, DIRECTLY OR INDIRECTLY, TO RETALIATE AGAINST AN EMPLOYEE IF THE EMPLOYEE REFUSES TO CONPLY WITH A SEXUALLY ORIENTED REQUEST
- DENYING, DIRECTLY OR INDIRECTLY, AN EMPLOYEE AN EMPLOYEE-RELATED OPPORTUNITY, IF THE EMPLOYEE REFUSES TO COMPLY WITH A SEXUALLY ORIENTED REQUEST
- ENGAGING IN SEXUALLY SUGGESTIVE CONVERSATION THAT IS UNWELCOME OR PHYSICAL CONTACT OR TOUCHING ANOTHER EMPLOYEE IN A WAY THAT IS UNWELCOME
- DISPLAYING, STORING, OR TRANSMITTING PORNOGRAPHIC OR SEXUALLY ORIENTED MATERIAL
- ENGAGING IN INDECENT EXPOSURE
- MAKING SEXUAL OR ROMANTIC ADVANCES TOWARD AN EMPLOYEE AND PERSISTING DESPITE THE EMPLOYEE'S REJECTION OF THE ADVANCES
- PHYSICAL CONTACT SUCH AS ASSAULT, TOUCHING, OR BLOCKING NORMAL MOVEMENTS
- RETALIATION FOR MAKING HARRASSMENT REPORTS OR THREATENING TO REPORT HARRASSMENT

SEXUAL HARRASSMENT CAN BE PHYSICAL AND/OR PSYCHOLOGICAL IN NATURE. AN AGGREGATION OF A SERIES OF INCIDENTS CAN CONSTITUTE SEXUAL HARRASSMENT EVEN IF ONE OF THE INCIDENTS CONSIDERED ON ITS OWN WOULD NOT BE CONSIDERED HARRASSING CONDUCT.

EMPLOYEE

DATE



WORK-RELATED INJURY/ILLNESS REPORTING

WHEN A WORK RELATED INJURY OR ACCIDENT OCCURS, YOU ARE TO REPORT IT TO YOUR SUPERVISOR AS SOON AS POSSIBLE FOLLOWING THE INCIDENT. FAILURE TO REPORT THE ACCIDENT IN A TIMELY FASHION COULD DELAY INSURANCE COMPANY PAYMENT OF MEDICAL BILLS AND WAGES OR DENIAL OF THE CLAIM

I ACKNOWLEDGE THAT I HAVE READ THIS NOTICE AND I AM AWARE OF THE POTENTIAL CONSEQUENCES FOR FAILURE TO REPORT WORK RELATED INJURY OR ACCIDENT IN A TIMELY MANNER.

IN THE EVENT A WORKPLACE INJURY OCCURS, I UNDERSTAND THAT MY SOCIAL SECURITY NUMBER IS A VALID AND CORRECT NUMBER; OTHERWISE BENEFITS WILL NOT BE PAID ON MY BEHALF.

EMPLOYEE

DATE

Pine Belt Energy Services LLC
6466 Highway 13 Lumberton, Ms. 39455
Phone Number 601-674-1630
US DOT Number 2781778

**Prohibited Use of Cell Phone or Electronic Device While Operating
Equipment Policy**

It is the policy of Pine Belt Energy Services LLC that no employee will use any type of electronic device while operating company equipment. The only exception to this is the use of a hands-free system for a cell phone, if not prohibited by State law where the employee is operating. Pine Belt Energy Services LLC will inform each employee at time of hire as to the requirements to this policy.

Adherence to this policy is to be considered a condition of employment with Pine Belt Energy Services LLC, Failure to abide by this stated policy will be considered a breach of that condition of employment and subject the person in violation to disciplinary action, including possible termination.

Any violation and/or fine received by an operator, for the illegal use of a cell phone or an electronic device while operating any equipment for Pine Belt Energy Services LLC will be the responsibility of the operator and must be reported to the foreman within 24 hours of its issuance.

FEDERAL REGULATION

§ 392.82 Using a hand-held mobile telephone.

(a)(1) No driver shall use a hand-held mobile telephone while driving a CMV.

(2) No motor carrier shall allow or require its drivers to use a hand-held mobile telephone while ~~driving a CMV~~. For the purpose of this section only, *driving* means operating a commercial motor vehicle on a highway, including while temporarily stationary because of traffic, a traffic control device, or other momentary delays. Driving does not include operating a commercial motor vehicle when the driver has moved the vehicle to the side of, or off, a highway and has halted in a location where the vehicle can safely remain stationary.

(c) *Emergency exception.* Using a hand-held mobile telephone is permissible by drivers of a CMV when necessary to communicate with law enforcement officials or other emergency services.

Driver Signature: _____ Date: _____