

BIGFOOT ENERGY SERVICES

*Bigfoot Energy Services LLC - Equal Employment Opportunity and Drug Free Employer
312 West Sabine St, Carthage, Texas 75633 (903) 693-2206*

Application

This application is designed for use with several types of positions throughout Bigfoot. Some questions may not be completely applicable to the position for which you are applying. You should answer all questions, but if a question or section does not apply, please mark N/A or none, as applicable.

Application must be filled out in either blue or black ink.

| | | | |
|-----------------------------|--------------------------|-------------------------|--------------------|
| Today's Date | | Position(s) Applied For | |
| Last Name | First Name | Middle Name | Maiden/Former Name |
| Address | | City | State Zip Code |
| Day Telephone Number () | Cell Phone Number () | Social Security Number | |

Have you been employed with Bigfoot Energy Services before? Yes___ No___ Date/Location_____

Have you applied for a position with Bigfoot Energy Services before? Yes___ No___ Date/Location_____

List special skills or training which might qualify you for the position you are applying for:

Are you currently employed? Yes___ No___

Are you legally authorized to work in the United States? Yes___ No___

Date you can start employment? _____ Are you 18 years of age? Yes___ No___

Do you require reasonable accommodations to perform any functions of the job duties you are applying for?
Yes___ No___

Have you ever pleaded guilty to, or been convicted of a crime, placed on probation, or received deferred adjudication or legal judgment for a felony offence? If yes, please explain:

Yes___ No___

(Answering yes to this question does not necessarily exclude you from employment. Due consideration is given for circumstances surrounding convictions, probations, or deferred judgment.)

Do you have relatives, family members, or friends employed with Bigfoot Energy Services? Yes___ No___

If yes, list their name(s). _____ Relationship to you: _____

What are your salary requirements? _____ Can you meet the attendance requirements? Yes___ No___

Are available to work: Full time _____ Part time _____ Temporary _____ Shift Work _____

Are there any hours you cannot work? Yes___ No___ If yes, what hours? _____

If overtime is required, will you be willing to accommodate? Yes___ No___

If no, please explain _____

If travel is required, will you be willing to accommodate? Yes___ No___

If no, please explain _____

Referral Source: ___ Advertisement Bigfoot Energy Services' Employee Name _____

___ College Recruit Employment Agency, Name _____

___ Job Fair ___ Walk in, Mail In Other, Specify _____

Applicants Name _____

| Education | High School | College/University | Business/Technical |
|-----------|-------------|--------------------|--------------------|
|-----------|-------------|--------------------|--------------------|

| | | | |
|---|---------------|------------|------------|
| School Name/ Address/City, State, Zip | | | |
| Circle Years of Completion | 9, 10, 11, 12 | 1, 2, 3, 4 | 1, 2, 3, 4 |
| Diploma, Degree, Major, and/or Course of Study | | | |
| Describe any specialized training, apprenticeships, skills or extra-curricular activities | | | |
| Describe any honors or awards you have received | | | |
| Give any other information that might be helpful to us in considering your application | | | |

Past Employment

Fill out this section in its entirety, even if similar information is included in your resume. List your current or most recent employer first. If applying for a DOT position, account for employment experience for past 10 years, or if non DOT position, list the last 3 employers, including any military service. For DOT application, additional past employment history may be continued on the DOT Supplement to Application if necessary.

Current of Most Recent Employer

| | | | |
|-------------------------|---------------|--|-------------|
| Company Name | | Address | |
| City | State | Zip Code | |
| Telephone Number () | Position Held | Immediate Supervisor's Name and Contact Number | |
| Starting Date | Ending Date | Starting Rate | Ending Rate |
| Describe Duties | | | |
| Reason for Leaving | | | |

May we contact this employer? Yes ___ No ___

Previous Employer

| | | | |
|-------------------------|---------------|--|-------------|
| Company Name | | Address | |
| City | State | Zip Code | |
| Telephone Number () | Position Held | Immediate Supervisor's Name and Contact Number | |
| Starting Date | Ending Date | Starting Rate | Ending Rate |
| Reason for Leaving | | | |

May we contact this employer? Yes ___ No ___

Previous Employer

| | | | |
|-------------------------|---------------|--|-------------|
| Company Name | | Address | |
| City | State | Zip Code | |
| Telephone Number () | Position Held | Immediate Supervisor's Name and Contact Number | |
| Starting Date | Ending Date | Starting Rate | Ending Rate |
| Reason for Leaving | | | |

May we contact this employer? Yes ___ No ___

EMPLOYMENT HISTORY (continued)

| EMPLOYER | | | DATE | |
|---|-----------------|---------------|--------------------|--|
| NAME | FROM MO. YR. | TO MO. YR. | | |
| ADDRESS | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | PHONE NUMBER | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|---|-----------------|---------------|--------------------|--|
| NAME | FROM MO. YR. | TO MO. YR. | | |
| ADDRESS | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | PHONE NUMBER | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|---|-----------------|---------------|--------------------|--|
| NAME | FROM MO. YR. | TO MO. YR. | | |
| ADDRESS | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | PHONE NUMBER | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|---|-----------------|---------------|--------------------|--|
| NAME | FROM MO. YR. | TO MO. YR. | | |
| ADDRESS | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | PHONE NUMBER | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

| EMPLOYER | | | DATE | |
|---|-----------------|---------------|--------------------|--|
| NAME | FROM MO. YR. | TO MO. YR. | | |
| ADDRESS | POSITION HELD | | | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | PHONE NUMBER | | REASON FOR LEAVING | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Applicants Name _____

References Give name, address and telephone number of (2) work-related or professional references (No relatives)

| | | |
|---------|------------------|-----------------------------------|
| Name | Title/Occupation | Area Code/Telephone Number () |
| Company | Complete Address | |
| Name | Title/Occupation | Area Code/Telephone Number () |
| Company | Complete Address | |

Previous Addresses

List addresses for the Last Three Years

| | | | |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
| Address | City | State | Zip Code |
| Address | City | State | Zip Code |

MVR Information

Driving Experience

Valid driver's license number and issuing state _____ Class _____ Expires _____

Has your license ever been revoked or suspended? Yes___ No___

If yes, please explain _____

The information below is required for all positions that may drive for business purposes (includes all management and administrative personnel).

List All Accidents for the past 3 years

1. Date _____ Location _____
Describe _____
2. Date _____ Location _____
Describe _____
3. Date _____ Location _____
Describe _____

List All Traffic Citations for the past 3 years including the above reported vehicle accidents (use additional sheets if necessary)

1. Date _____ Location _____
Describe _____
2. Date _____ Location _____
Describe _____
3. Date _____ Location _____
Describe _____

List All Alcohol/Drug Related Driving Offenses (DUI, DWI, Etc.) (use additional sheets if necessary)

1. Date _____ Location _____
Describe _____
2. Date _____ Location _____
Describe _____
3. Date _____ Location _____
Describe _____

Applicants Name _____

Application Notification

In connection with the consideration of my past, present or future employment or the continuation of my employment by Bigfoot Energy Services, LLC (Bigfoot) I, the undersigned, herby understand, acknowledge and agree to the following:

I understand and acknowledge this application and any and all forms of employment are not a contract between Bigfoot and myself. If I receive and accept an offer, my employment will depend upon my satisfactorily passing all pre-employment job specific testing and screening, including and not limited to, drug screening and/or medical certification testing.

I understand that in connection with the application process, Bigfoot may request information from my past employers and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such may include a review of my criminal history, if any. I understand with full knowledge that the documents and information obtained by Bigfoot may include positive or negative facts and opinions that I may believe are true or false. These records are to be obtained and considered by Bigfoot in connection with any and all background information pertaining to my past, present, and future employment.

I understand and agree that if I am employed for a position requiring DOT regulations (truck driver, etc.) that in the event I am excluded from insurance coverage by Bigfoot's vehicle insurance carrier because of my driving record, my exclusion means that I am no longer qualified for continued employment.

Consent and Authorization to Request and Release Information

I understand and agree that I must have a negative substance abuse drug and/or alcohol screening prior to and during my employment. I may also be required to complete and pass a job specific physical agility test and, if applicable, medical certification testing if my current Medical Certification Card has expired, as part of a conditional job offer and employment. Such testing may be performed by an outside testing source or a certified-trained professional of Bigfoot's choice and I will be informed of all test results. I further understand that if I refuse to take such test, I may be denied current or future employment.

I authorize and consent to Bigfoot obtaining all documents and information regarding my previous employment from my present and past employers, or agent the employers may designate, regarding my employment. Including but not limited to, positions held, dates of employment, last pay rate, work performance, disciplinary records, reliability, incidents of dishonestly, failed substance abuse drug or alcohol test, insubordination, violence, criminal history and/or unsafe, harmful or threatening behavior, including information based upon any and all material in and out of my personnel files and records.

I authorize and consent Bigfoot to obtain documentation or information from any public or private entity concerning any professional or vocational license or certification that I have held in the past or currently hold, including, but not limited to, documentation or information concerning whether such license or certification is in good standing, and any disciplinary or other proceedings concerning such license or certifications.

ACKNOWLEDGEMENT

I UNDERSTAND, AGREE TO, AND ACCEPT THE TERMS AND CONDITIONS SET FORTH WITHIN THIS APPLICATION. I FURTHER CERTIFY THAT THE INFORMATION GIVEN BY ME ON THE APPLICATION AND IN THE EMPLOYMENT PROCESS IS TRUE AND CORRECT. I UNDERSTAND ANY MISREPRESENTATION OR OMISSION OF FACTS MAY RESULT IN REFUSAL TO OFFER ME EMPLOYMENT, OR IF I AM EMPLOYED, TERMINATION OF MY EMPLOYMENT.

I CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Print Name: _____

Applicant Signature: _____ Date: _____

BIGFOOT ENERGY SERVICES LLC IS AN EQUAL EMPLOYMENT OPPORTUNITY AND DRUG-FREE EMPLOYER

Bigfoot Energy Services

Background Check Authorization Form

During the application process and at any time during the tenure of my employment with **Bigfoot Energy Services**, I hereby authorize **Bigfoot Energy Services** to procure a background verification, which I understand may include information regarding my credit history, criminal history, character, general reputation, personal character, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

Applicant/Employee Printed Name Social Security Number Date of Birth
(Full name as it appears on Social Security Card)

Current Address City State Zip Code

Current Driver's License Number DL State

Applicant/Employee Signature Date

For DOT applicants, list below any additional drivers licenses held within the past seven years (moved from another state, etc.)

Previous Driver's License Number DL State

Previous Driver's License Number DL State

* Used to obtain background information only

Please provide the following information before submission to corporate HR Records Group for processing.

Yard Name and Number _____ Line of Business (LOB) or EQ Class _____

Position Applying for _____ Report Request Submitted By _____

Date Submitted _____

SIDE 1

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or used him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule §391.23(g), you must respond to this inquiry within 30 days of receipt.**

Please complete SECTION 2 below, remove the carbon, complete SECTIONS 3 and 4 (if applicable), and then return ply 1 to the prospective employer shown in SECTION 1.

PROSPECTIVE EMPLOYEE: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Remove ply 3 and adjacent carbon, complete SECTION 5a on Ply 3, and send Ply 1 and 2 to current / previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

| SECTION 1: | TO BE COMPLETED BY PROSPECTIVE EMPLOYEE | |
|--|--|--------------------------------|
| I, (Print Name) | First, M.I., Last | Social Security Number |
| hereby authorize: | | |
| Previous Employer: | Date Of Birth | Email: |
| Street: | Phone: | |
| City, State, Zip: | Fax No.: | |
| to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application) | | |
| To | | |
| Prospective Employer: | <u>Bigfoot Energy Services, LLC</u> | |
| Attention: | <u>Janet Spurlock</u> | Telephone: <u>318-263-9683</u> |
| Street: | <u>129 Sharp Davis Rd</u> | |
| City, State, Zip: | <u>Arcadia, LA 71001</u> | |
| In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. | | |
| Prospective employer's confidential fax number: | <u>318-263-9684</u> | |
| Prospective employer's confidential email address: | <u>jspurlock@bigfootenergyservices.com</u> | |
| _____ | Applicant's Signature | _____ |
| | | Date |

| SECTION 2: | TO BE COMPLETED BY PREVIOUS EMPLOYER | |
|--|--|-----------------------------|
| EMPLOYMENT VERIFICATION | | |
| The applicant named above was employed or used by us. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Employed as (job title) _____ | from (m/y) _____ | to (m/y) _____ |
| Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> | |
| Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____ | | |
| Completed by _____ | | |
| Company: _____ | | |
| Street: _____ | | |
| City, State, Zip: _____ | Telephone: _____ | |
| Signature: _____ | Date: _____ | |
| PREVIOUS EMPLOYER: REMOVE CARBON BEFORE COMPLETING SIDE 2 | | |

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown on SIDE 1, or check here if there is no accident register data for this driver.

| Date | Location | No. of Injuries | No. of Fatalities | Hazmat Spill |
|----------|----------|-----------------|-------------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

SECTION 4: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here , and return.

Applicant was subject to DOT testing requirements from _____ to _____.

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

Within the past 3 years from the application date shown on SIDE 1:

| | YES | NO | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B of Part 382, including: | <input type="checkbox"/> | <input type="checkbox"/> | |
| • An alcohol test with a result of 0.04 or higher alcohol concentration. | | | |
| • A controlled substances test result of positive, adulterated, or substituted. | | | |
| • A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test. | | | |
| • Alcohol use while performing or within 4 hours before performing safety-sensitive functions. | | | |
| • Alcohol use after an accident, in violation of §382.303. | | | |
| • Controlled substances use while on duty, except as allowed under §382.213. | | | N/A |
| 2. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such a program, check here. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 5a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

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

By: _____ Date: _____

Subsequent attempts to contact previous employer (391.23(c)(1)): _____

SECTION 5b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____
(print)

ID Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

