BIGFOOT ENERGY SERVICES Bigfoot Energy Services LLC-Equal Employment Opportunity and Drug Free Employer 312 West Sabine St, Carthage, Texas 75633 (903) 693-7206

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) Appl	ied For			
Last Name	First Name	Middle Na	me	Maiden/Former Nar	me	
Address		City	State	Zip Code	?	<u> </u>
Day Telephone Nu ()	ımber	Cell Phone Numb	per	Social Security N	umber	<u>.</u>
Have you been en	nployed with Bigfoo	t Energy Services b	efore? Yes_	No Date/Loca	stion	
				No Date/Loca		
List special skills of	r training which mig	ht qualify you for t	he position you a	re applying for:		
Are you currently	employed?				Yes	_ No
Are you legally aut	thorized to work in t	the United States?			Yes	_ No_
Date you can start	employment?	Are yo	u 18 years of age?	•	Yes	No
Do you require rea	sonable accommod	lations to perform	any functions of t	he job duties you are	applying f	for?
					Yes	_ No
Have you ever pladiudiation or lega	leaded guilty to, o	r been convicted	of a crime, places, places, places	ed on probation, or	received	deferr
			-,		Yes N	
Answering yes to circumstances surr	this question does i	not necessarily exc s, probations, or de	lude you from em Jerred judgment.)	ployment. Due consid	deration is	s given j
Do you have relati	ves, family member	s, or friends emplo	yed with Bigfoot I	Energy Services?	Yes	_ No_
f yes, list their nar	ne(s)		Relationship	to you:		
				idance requirements?	Yes	_ No_
Are available to wo	ork: Full time	Part time	Tem	poraryS	hift Work	. <u> </u>
Are there any hour	rs you cannot work?	Yes No	If yes, what ho	urs?		
f overtime is requi	ired, will you be will	ing to accommoda	te?		Yes	_ No_
f no, please explai	n					
f travel is required	l, will you be willing	to accommodate?			Yes	_ No
f no, please explai	n					
Referral Source:	Advertisement	Bigfoot Energy	Services' Employe	ee Name		/ 884
_	College Recruit					
	Walk in, Mail In	Other, Specify				

School Name/ Address/City, State, Zip Circle Years of 9, 10, 1 Completion Diploma, Degree, Major, and/or Course of Study Describe any specialized tr Describe any honors or aw Give any other information Past Employment					
Name/ Address/City, State, Zip Circle Years of 9, 10, 1 Completion Diploma, Degree, Major, and/or Course of Study Describe any specialized tr Describe any other information Past Employment Fill out this section in its enterprise first. If applying for the last 3 employers including on the DOT supplement to Ap Current of Most Recent Company Name City Telephone Number () Starting Date Describe Duties Reason for Leaving Previous Employer Company Name City Telephone Number () Starting Date Reason for Leaving Previous Employer Company Name City Telephone Number () Starting Date Reason for Leaving	School	Colleg	e/University		Business/Technical
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Previous Employer Company Name City Telephone Number () Starting Date Reason for Leaving Previous Employer Company Name		Position Held		Contact	ate Supervisors Name and Number
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Company Name City Telephone Number () Starting Date Reason for Leaving Previous Employer Company Name					_
Company Name City Telephone Number () Starting Date Reason for Leaving Previous Employer Company Name			May we contact	this emplo	yer? Yes No
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refeptione Number () Starting Date Reason for Leaving Previous Employer Company Name City			Address		
Previous Employer Company Name	State	<u>,</u>			Zip Code
Previous Employer Company Name City		Position Held		Contact	Zip Code are Supervisor's Name and Number
Previous Employer Company Name City					
Previous Employer Company Name City	Enging	 ਹੈate	Starting Rate		Enging Rate
Company Name			· · · · · · · · · · · · · · · · · · ·		
Company Name City			May we contac	t this empl	oyer? Yes No
City					
•			Address		
relepnone Number	State	Zip Code			
		Position Heid		immedia	ite Supervisor's name and Number
()				Contact	HUMBU
Starting Date	Enging	υate	Starting Kate	_1	Ending Rate
keason for Leaving			1		_
			May we contac		

EMPLOYMENT HISTORY (continued)

EMPLOYER		T		
NAME		FROM	ATE Tro	
		MO. YR. POSITION HELD	MO. YR	
ADDRESS		SALARY/WAGE	· · · · · · · · · · · · · · · · · · ·	
CITY STATE ZIP		ļ		
CONTACT PERSON PHONE N	UMBER	REASON FOR LEA	VING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		O THE DRUG		
EMPLOYER		DA	\TE	
NAME		FROM MO. YR.	то	
ADDRESS		MO. YR. POSITION HELD	MO. YR.	
CITY STATE ZIP	<u> </u>	SALARY/WAGE		
CONTACT PERSON PHONE N	JMBER	REASON FOR LEAV	VING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?	□ NO	<u> </u>		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		THE DRUG		
EMPLOYER		DA	TE	
NAME		FROM MO. YR.	TO MO. YR.	
ADDRESS		POSITION HELD	MO. TR.	
CITY STATE ZIP		SALARY/WAGE		
CONTACT PERSON PHONE N	JMBER	REASON FOR LEAV	TNG	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?	□ NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		THE DRUG		
EMPLOYER		DA	TE	
NAME		FROM	то	
ADDRESS		MO. YR. POSITION HELD	MO. YR.	
CITY STATE ZIP		SALARY/WAGE		
CONTACT PERSON PHONE NU	MDED	REASON FOR LEAV	ING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED?	□ NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOTAND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?	REGULATED MODE SUBJECT TO	THE DRUG		
EMPLOYER		DA	TE	
NAME		FROM MO. YR.	TO MO. YR.	
ADDRESS		POSITION HELD		
CITY STATE ZIP		SALARY/WAGE		
CONTACT PERSON PHONE NO	JMBER	REASON FOR LEAV	ING	
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? YES NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOTAND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?		THE DRUG		

^{*} 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 Na	me		
References Give name, addre	ss and telephone number of (2) wo	ork-related or professional	references (No relativ	es)	
Name	Title/Occupation		Area Code/Telephor	ne Number	
Company		Complete Address](
Name	Title/Occupation		Area Code/Telephoi	ne Number	
Company		Complete Address	11/		
Previous Addresses		List addresse	s for the Last Ti	iree Years	
Address	City		State	Zip Code	
Address	City		State	Zip Code	
Address MVR Information	City		State	Zip Code	
Driving Experience					
Valid driver's license numbe	r and issuing state	Class	Expires		
Has your license ever been i				YesNo	
If yes, please explain					
The information below is reand administrative personne	guired for <u>all</u> positions that i	may drive for busines	ss purposes (includ	les all management	
List All Accidents for the pas					
1. Date	Location				
Describe					
2. Date					
Describe					
3. Date					
Describe					
List All Traffic Citations additional sheets if necessar	for the past 3 years incl Y)	luding the above i	reported vehicle	e accidents (use	
1. Date					
Describe					
2. Date	Location				
Describe		TH. (
3. Date					
Describe		·			
List All Alcohol/Drug Re	lated Driving Offenses (DWI, DUI, Etc.) (use a	additional sheets if	necessary)	
1. Date	-				
2. Date		Location	1		

Location _____

Describe _____

3. Date _____

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.

Fauthorize 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 EMPLYMENT 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 (Full name as it appears on Social Security Co	Social Security No ard)	ımber	Date of Birth
Current Address	City	State	Zip Code
Current Driver's License Number			DL State
Applicant/Employee Signature			Date
For DOT applicants, list below any additional another state, etc.) Previous Driver's License Number	drivers licenses held with	nin the past sev	en years (moved from
Previous Driver's License Number * Used to obtain background information on	DL State		
Please provide the following information bef	ore submission to corpor	ate HR Records	Group for processing.
fard Name and Number			
Position Applying for	Report Req	uest Submitted	Ву

SIDE 1 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

RECIPIENT EMPLOYER: The individual identified in SECTION I 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 hereby authorize:	Social Security Number
Previous Employer:		Date Of Birth Email:
Street:		Phone:
City, State, Zip:		Fax No.:
to release and forward the within the previous 3 yes	(date of employment application)	ces Testing records
Prospective Employer: Attention: Street:	Biotoot Energy Services, UC Janet Sourlock Telephone: 318-263-9683 129 Sharp Davis Rd	
City, State, Zip:	Arcadia, LA 71001	
email, or letter. Prospective employer's	25(g) and §391.23(h), release of this information must be made in a written form that ensures confidence confidential fax number: 318-363-9684 ispurlock @bigfortenergy	
	Applicant's Signature	Date
SECTION 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER	,
	EMPLOYMENT VERIFICATION	
	ove was employed or used by us. Yes No	4.
Employed as (job title) Did he/she drive a moto Cargo Tank	or vehicle for you? Yes No I If yes, what type? Straight Truck I Tra	ctor-Semitrailer Bus D
Completed by		
Company: Street:		
City, State, Zip: _	Telep	hone:
Signature:		Date:
	PREVIOUS EMPLOYER: REMOVE CARBON REFORE COMPLETING SIDI	? ?

SIDE 2	Employee Name:	Date:	
		· · · · · ·	

SECTION 3:	TO BE C	OMPLETED B	/ PREVIO	US EMPLOY	ER		
		ACCIDENT HISTO	RY				
Complete the following for a application date shown on Sl	any accidents included on your accident reg IDE 1, or check here if there is n	gister (§390.15(b)) that no accident register data			rs prior to the		
Date	Location			No. of Injuries	No. of Fatalities	Hazmat	Spill
	concerning any other commercial motor ve ned under internal company policies:	enicie accidents involvi	ng the applican	ii that were reported	to government		
					*		
						·	
OF OTION 4	TO BE COMPI	ETED BY PRE	VIOLIS EN	IDI OVED			
SECTION 4:				APLOTER			
If applicant was not subject	to DOT testing requirements under 49 CFI	G AND ALCOHOL R Part 40 while employ		ase check here	☐, and return	n.	
• •		to		·	<u> </u>		
In answering these question	is, include any required DOT drug or alcohication date shown on SIDE 1.	ol testing information y	ou obtained fro	om other employers	in		
Within the past 3 years from	n the application date shown on SIDE 1:				YE	s no	
1. Has this person violated	any of the drug and/or alcohol prohibitions	s under 49 CFR Part 40	or Subpart B c	of Part 382, including	g:		
	result of 0.04 or higher alcohol concentration						
	es test result of positive, adulterated, or sub a random, post-accident, reasonable-suspic		olled substance	es or alcohol test.			
· Alcohol use while perf	forming or within 4 hours before performing						
	ccident, in violation of §382,303. use while on duty, except as allowed unde	r 8382 213					
	DOT drug and/or alcohol prohibition, did h		omplete a rehal	bilitation program			N/A
	Abuse Professional (SAP)? If rehabilitation				_		
	y completed a SAP's rehabilitation referral						
subsequently have an al-	cohol test result of 0.04 or greater, a verific	ed positive arug test, or	refuse to be tes	sted?			
							1
SECTION 5a:	TO BE COMPLET						
This form was (check one)	Faxed to previous employer.	Mailed.	☐ Emaile	ed. Other	Date		
By:					Date:		
Subsequent attempts to conta	act previous employer (391.23(c)(1)):				<u> </u>		—
	TO DE COMPLET	ED DV DD000		MDLOVED			
SECTION 5b:	TO BE COMPLET	ED BY PROSPI	ECTIVE E	MPLOYER			
Complete below when inform	nation is obtained.						
Information received from: Recorded by:			Method:	☐ Fax ☐	Mail	☐ Telep	hone
Data:				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 res	spond to the following questions.
1) Have you tested positive, or refused to test, on any pre- administered by an employer to which you applied for, sensitive transportation work covered by DOT agency during the past two years?	but did not obtain, safety-
Check one: Yes No	
2) If you answered yes, can you provide/obtain proof that return-to-duty requirements?	you've successfully completed the DOT
Check one: Yes No	
certify that the information provided on this document is true and co	rrect.
Prospective Employee Signature:	Date:
Witnessed By: (signature)	Date:

Bigfoot Energy Services

Voluntary Information

APPLICANT EEO AND/OR AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, nation origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below:

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPERATELY FROM YOU APPLICATION AND OTHER RELATED DOCUMENTS.

	PLEASE PRINT		
Name:	Date:		
Last First	Middle		
Position Applied For (list only			
one)			
What is your race/ethnic origin:	Gender:		
White	Male		
Hispanic or Latino	Female		
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Isl: Two or more races identified above			
Two or more races identified above			
	NAITH ADVETATILE		
	MITILARY STATUS		
Are you a person who served active duty for a per	riod of more than 180 days, any of which occurred between 8/5/		
Are you a person who served active duty for a per was discharged or released therefrom with other		64 and 5/7/75,	and
Are you a person who served active duty for a per was discharged or released therefrom with other Are you a disabled veteran?	riod of more than 180 days, any of which occurred between 8/5/ than a dishonorable discharge for a service connected disability	64 and 5/7/75, Yes disability rated	andNo as 30%
Are you a person who served active duty for a per was discharged or released therefrom with other Are you a disabled veteran?	riod of more than 180 days, any of which occurred between 8/5/ than a dishonorable discharge for a service connected disability ion under laws administered by the Veterans Administration for o	64 and 5/7/75, Yes disability rated line of duty? Yes	andNo as 30%
Are you a person who served active duty for a per was discharged or released therefrom with other Are you a disabled veteran?	riod of more than 180 days, any of which occurred between 8/5/ than a dishonorable discharge for a service connected disability ion under laws administered by the Veterans Administration for or active duty was for a disability incurred or aggravated in the	64 and 5/7/75, Yes disability rated line of duty? Yes Yes	andNo as 30%NoNo
Are you a person who served active duty for a per was discharged or released therefrom with other Are you a disabled veteran?	riod of more than 180 days, any of which occurred between 8/5/ than a dishonorable discharge for a service connected disability ion under laws administered by the Veterans Administration for or a disability incurred or aggravated in the	64 and 5/7/75, Yes disability rated line of duty? Yes Yes	andNo as 30%NoNoNoNoNoNoNoNo
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Are you a person who served active duty for a per was discharged or released therefrom with other. Are you a disabled veteran?	riod of more than 180 days, any of which occurred between 8/5/ than a dishonorable discharge for a service connected disability ion under laws administered by the Veterans Administration for or active duty was for a disability incurred or aggravated in the pairment that substantially limits one or more major life activitie ch impairment? Date:	64 and 5/7/75, Yes disability rated line of duty? Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	and No as 30%NoNoNo cord of

ALCOHOL AND/OR DRUG TESTING NOTIFICATION

Part 382 - Controlled Substances and Alcohol Use Testing applies to drivers of this company.

382.113 Requirement for notice.

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

ompany Name:	
river/Applicant Name:	
	(Print) (First, M.I., Last)
You are hereby notified t	the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.
1. The test is scheduled:	Date:
	Location:
	Time:
2. Check type of test:	AlcoholControlled Substance
3. Check reason for test:	Pre-Employment Random Reasonable Suspicion
	Post-AccidentReturn to DutyFollow-up
4. Appointment instruction	ns/comments:
l undontond	
i understand as a	condition of my employment with this company, the above identified test is required.
Debroot	Annii na Ma Standa
	Applicant's Signature Date
Witnessed by:	
Compar	ny Representative Date