

ProEnergy Crafts

2001 ProEnergy Blvd
Sedalia, MO 65301
Phone: 660-829-5100

Name: _____
Last First Middle

Gender: ☐ Male ☐ Female

Applicant's SSN: _____

Date of Birth: _____

Physical Address: _____
NO Post Office Box Apartment #

City: _____ State: _____ Zip Code: _____

Mailing Address: _____
Post Office Box is acceptable Apartment #

City: _____ State: _____ Zip Code: _____

Home Telephone: () _____ Alternate Telephone: () _____

County of Residence: _____ Cell Phone: () _____

Email Address: _____

Emergency Contact (1): _____

Telephone 1: () _____

Relationship: _____

Telephone 2: () _____

Emergency Contact (2): _____

Telephone 1: () _____

Relationship: _____

Telephone 2: () _____

PROENERGY CRAFTS, INC.

RULES AND EXPECTATIONS

ProEnergy Crafts, Inc. provides competitive benefits and wages to attract and maintain experienced and knowledgeable Craftsman and Supervisors. ProEnergy expects our employees to work safe, be productive, and maintain a high level of quality. We take pride in our company, our employees, and our projects. ProEnergy believes in promoting within and mentoring each other to become better. Below is a general list of rules and expectations that will help us achieve our goals and provide a good working environment for everyone.

1. The employee is expected to arrive at the project site each day on time and ready to work.
 - Proper attire and PPE
 - Sufficient sleep / rest
 - Under no influence of drugs or alcohol
2. Each employee is expected to deal with customers and suppliers in professional manner, and to demonstrate considerate, friendly, and a constructive attitude toward fellow employees.
3. Each employee is expected to follow instructions given by their supervisor and to perform tasks in an efficient manner.
4. Any employee who will be late or will not report to work (for any reason) must call in to his/her supervisor as soon as possible (before start of shift).
 - First offense – no pay or per diem
 - Second offense – termination
5. Employees are required to follow ProEnergy and Customer safety policies.
 - First offense – written warning
 - Second offense – a day off without pay or per diem and potential termination
6. Employees are not to use cell phones during working hours. Cell phones may be used while on lunch and designated breaks
7. No substance abuse of any kind will be tolerated on the job site. Zero tolerance! Any prescription medication being used should be reported to your supervisor.
8. Any employee leaving site during working hours must report to supervisor prior to leaving.
9. ProEnergy employees must have proper training and approval to operate ProEnergy and Customer equipment.
10. Each employee is expected to clean up their work area and to put back any tools or consumables that they used during the work shift. Any parts that are disassembled should be properly parked and stored.
11. Any tools or equipment should not be deliberately damaged or destroyed by using it to perform tasks that it is not designed. If there is a need to modify tools or equipment to meet a certain need, or if the equipment and tooling is not sufficient capacity for a task, the supervisor should be notified.
12. ProEnergy Crafts (PEC) employees are **NOT** authorized to operate ProEnergy Services (PES) or ProEnergy Crafts company vehicles. In the event there is a need to operate company vehicles, prior written authorization must be obtained from your manager and the proper forms must be completed and submitted to the ProEnergy Services Human Resources department.

ProEnergy Crafts (PEC)

Drug & Alcohol Acknowledgement

The health and safety of all of our employees is of prime concern to everyone within the Company. It is the policy of PEC to maintain a workplace that is free from the effects of drug and alcohol abuse.

The possession, distribution, sale, purchase and/or use of drugs and alcohol in the workplace are contrary to our concern for the health, safety and well-being all of Company personnel. It is PEC's policy that the possession, distribution, sale, purchase and/or use of alcoholic beverages and controlled substances (illegal drugs) by employees during working hours are strictly prohibited. In addition, PEC prohibits the off-premises abuse of alcohol and controlled substances, as well as the possession, use, or sale of illegal drugs when those activities adversely affect job performance, job safety, or PEC's reputation in the community.

The legal use of prescribed drugs, consistent with the prescribing doctor's instruction, is not prohibited. Also, the use of over-the-counter drugs is permitted. While these drugs may be legally obtained and used, many of them may cause a sleep-induced or narcotic effect. If you are taking or anticipate taking any legal drugs that may affect your ability to perform your job, you must notify your supervisor of the situation. Failure to do so may result in disciplinary action, up to and including termination of employment.

An employee may be asked or required to submit to testing procedures designed to detect the presence of drugs and/or alcohol if (a) he or she is acting in a manner that leads to a suspicion that he or she either possesses, controls, or is under the influence of a drug and/or alcohol, (b) he or she was directly or indirectly involved in a work-related accident or mishap, or (c) it is suspected that he or she may have been involved in the use, possession, transfer, distribution, manufacture, and/or sale of drugs or alcohol. Such testing, when requested, will be a condition of continued employment. Employees that agree to take the test must sign a consent form authorizing the test, allowing the lab performing the tests to release the results of the test, and PEC's use of the test results for purposes of administering its disciplinary policy. It is a violation of this policy to refuse consent for these purposes or to test positive for alcohol or illegal drugs. If an employee refuses to submit to the requested examination or test, the employee will be subject to discipline, up to and including termination of employment for insubordination.

In order to promote a safe, productive and efficient work place, PEC reserves the right to inspect employees, as well as any articles and property in their possession, to detect inappropriate materials. PEC also reserves the right to inspect desks, lockers, company vehicles, personal vehicles on PEC property, packages, lunch boxes, containers, articles in such areas, and other objects brought to PEC property that might conceal alcohol, illegal drugs, and/or inappropriate materials.

Such inspections may occur at any time, with or without notice. As a term and condition of continued employment, every employee is expected and required to fully cooperate with any search being conducted to detect the presence of illegal drugs or alcohol on PEC property.

ProEnergy Crafts (PEC)
Drug & Alcohol Acknowledgement (continued)

Any employee who is found to be using, possessing, selling, purchasing and/or distributing, or under the influence of drugs or alcohol in violation of the terms of this policy will be subject to disciplinary action, up to and including termination of employment. Additionally, PEC may refer such activities to appropriate law enforcement authorities for further action.

The purpose of this policy is to try to minimize or eliminate health and safety risks to you, your fellow employees, customers, and visitors that may be caused by employee drug and/or alcohol use and to ensure that general safety of all PEC operation. This is a matter of great importance for each and every one of us and for this reason your fullest compliance and cooperation is requested.

Statistics show that chemical abuse in the workplace results in accidents and injuries, lower productivity, increased absenteeism and tardiness, legal problems, and a host of other difficulties. For these reasons, among others, PEC is committed to maintaining a drug free work environment.

If you suspect that you may have an alcohol or drug problem, PEC encourages you to seek treatment. Successful treatment requires a high degree of motivation and dedication. If you feel you are having a difficult time dealing with an alcohol or drug problem, the Company will offer its help on a completely confidential basis. PEC will try to help you find appropriate professional assistance and will work with you in dealing with the problem. If you want to discuss any problem in this area confidentially, please see any member of PEC Executive Management with whom you feel comfortable.

ProEnergy Crafts (PEC)

Harassment Acknowledgement

It is the obligation of all officers, managers, supervisors, and employees of PEC to provide a work environment free of harassment. This includes not only sexual harassment, but also harassment based on an employee's race, color, religion, sex, national origin, age, or disability. This policy applies not only to PEC employees, but also to all vendors and other non-employees who have reason to be on PEC premises or who otherwise have dealings with PEC's employees.

PEC expects all of its employees to maintain a working environment free of harassment. Harassment, as defined below is unacceptable, a violation of State and Federal law, and will not be tolerated. Any employee or member or management who harasses another employee will be subject to disciplinary action, up to and including termination.

PEC prohibits any conduct or language that is directed toward another employee that is offensive based upon the individual's race, color, religion, sex, national origin, age, or disability and further prohibits conduct that has the effect or purpose of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Harassing conduct includes, but is not limited to, the following: (1) epithets, slurs, negative stereotyping, or threatening, intimidating, or hostile acts that relate to race, color, religion, gender, national origin, age, or disability, or (2) written or graphic material that denigrates or shows hostility or aversion toward an individual or group because of race, color, religion, gender, national origin, age, or disability and that is placed on walls, bulletin boards, or elsewhere on the employer's premises, or circulated in the workplace.

Unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made either explicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior that is expressly articulated by the recipient as not being welcome, which is personally offensive, and which therefore interferes with our work effectiveness. Because no absolute definition of conduct that constitutes sexual harassment exists, all employees are expected to comply both with the letter and spirit of this policy.

ProEnergy Crafts (PEC)

Harassment Acknowledgement (continued)

Any employee who feels he or she may have been subjected to harassment because of his or her race, color, religion, gender, national origin, age, or disability should immediately notify his or her supervisor, any member of the management team, or the Company's General Counsel. Any employee who believes that an officer, supervisor, co-worker, member of management, vendor, independent contractor, or any other individual, whether employed at PEC or not, has acted inconsistently with or in violation of this policy, should immediately report the matter to a supervisor, any member of the management team, or the Company's General Counsel. All PEC employees have an obligation to report any harassment in violation of this policy.

After such complaint is received, a thorough, prompt and impartial investigation will be conducted and appropriate disciplinary or remedial action will be taken in the event the complaint is found to have merit. PEC's policy prohibits retaliation against any employee who submits a complaint or otherwise participates in the investigation of a complaint.

ProEnergy Crafts (PEC)

Reporting On-The-Job Accidents & Injuries

If you are injured on the job or are involved in an accident on the job (whether or not you are injured), you are required to **immediately report the injury** or accident, no matter how minor it may seem, **to your supervisor.** **All supervisors are required to immediately notify ProEnergy Craft's corporate headquarters of the accident or injury.**

All accidents resulting in injuries shall be reported on a "First Report of Injury" form. All First Reports of Injury forms shall be forwarded to PEC's corporate office within 24 hours of the accidents' occurrence or as soon thereafter as is possible.

In the event of an accident, the first concern should be for the health and safety of the person involved. If your supervisor is available, he or she should be immediately notified in all cases. If your supervisor is not available, anyone present should notify any supervisor or management person and seek appropriate medical care as soon as possible.

When an employee is involved in an on-the-job accident and/or incurs a work related injury, PEC reserves the right to require an immediate medical examination of the employee involved, at Company expense.

PEC must keep all written records of on-the-job accidents and injuries as required by State law, Federal law, and the Company's workers' compensation insurance carrier. Medical bills cannot be paid by the insurance company unless there is an accident report on file.

Regardless of whether or not the accident requires medical attention, the accident must be reported so that corrective action can be taken to prevent further accidents of the same kind.

CONTACT INFORMATION

Within 24 hours of the accidents' occurrence or as soon thereafter as possible, complete all sections of the First Report of Injury form and return (by fax) to the PEC corporate office to the attention of Nikki Campo.

Please forward any medical invoices you receive related to your workers compensation claim to the PEC corporate office to the attention of Nikki Campo at 660-596-7723.

Please submit any child support garnishments, etc., to Jenny Henderson at 660-851-5036 or email at jhenderson@proenergyservices.com

If you have any questions regarding the information requested on the form or the status of your workers compensation claim, please contact Nikki Campo at the corporate office.

ProEnergy Crafts, Inc. Policies Acknowledgement Form

The purpose of this form is to acknowledge that you have read and understand the ProEnergy Crafts Policies and Procedures provided to you in regards to the below subject matters.

Rules & Expectations

By signing and dating on the line below, the employee acknowledges that he/she has read and understands all of the rules and expectations and agrees to abide by as stated.

_____	_____
Employee Acceptance	Date
_____	_____
Company Representative	Date

Drug & Alcohol Policies

By signing and dating on the line below, the employee acknowledges that he/she has read and understands all of the drug & alcohol policies and agrees to abide by as stated.

_____	_____
Employee Acceptance	Date
_____	_____
Company Representative	Date

Harassment Policy

By signing and dating on the line below, the employee acknowledges that he/she has read and understands all of the harassment policy and agrees to abide by as stated.

_____	_____
Employee Acceptance	Date
_____	_____
Company Representative	Date

Reporting On-the-job Accidents & Injuries Policy

By signing and dating on the line below, the employee acknowledges that he/she has read and understands all of the reporting on-the-job accident & injuries policy and agrees to abide by as stated.

_____	_____
Employee Acceptance	Date
_____	_____
Company Representative	Date

****Please read the Policies and Procedures for each of the above subject matters that have been sent to you separately.**

Voluntary Affirmative Action Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirement regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date _____

Referral Source

☐ Walk-in ☐ Government Employment Agency ☐ Private Employment Agency
☐ Employee ☐ Relative ☐ School ☐ Other _____
☐ Advertisement – Source _____

Applicant Information

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip

☐ Male ☐ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

☐ White (not of Hispanic origin) ☐ Black (not of Hispanic origin) ☐ Hispanic
☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Multiracial (having parents of different races)

For Administrative Use Only

Position(s) applied for: ☐ available ☐ not available

Other positions considered for _____

Hired: ☐ yes ☐ no Position hired for: _____ Hire Date: _____

From the EOC job classifications listed below, which one best describes the position filled?

☐ Officials and Managers ☐ Professionals ☐ Technicians
☐ Sales Workers ☐ Office and Clerical Workers ☐ Craft Workers (skilled)
☐ Operatives (semi-skilled) ☐ Laborers (unskilled) ☐ Service Workers

ProEnergy Services, LLC

Direct Deposit Authorization

I hereby authorize the direct deposit of my net pay by my employer to the account and financial institution indicated below. In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit entry. This authority is to remain in full force and effect until my employer has received written notification from me of its termination in such time and in such manner as to afford my employer a reasonable opportunity to act on it. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

ALL PES' EMPLOYEES ARE REQUIRED TO USE DIRECT DEPOSIT OR A CHASE PAY CARD*NO PAPER CHECK WILL BE ISSUED*******

Employee Name _____ **Last 4 of SSN #** _____

Name of Financial Institution: _____

Bank Address: _____

☐ New

Account # _____

☐ Add

Routing # _____ (9 digits)

☐ Change

☐ Checking ☐ Savings ☐ Chase Pay Card (Enrollment Form Attached)

☐ Cancel

Signature

Date

**Direct deposits will not be effective until your
voided check or authorization form
from your bank is attached here**

CHASE PAYMENTCARD REGISTRATION FORM

There is no cost to sign-up for the Chase Paymentcard. Simply complete this registration form today and return it to your payroll department. All fields are required unless otherwise noted.

Cardholder Information

Employee Number (optional)

First Name

MI

Last Name

Address (No P.O. Boxes)

City

State/Province

ZIP/Postal Code

Country

E-mail address

Primary Phone Number

Secondary Phone Number (optional)

Date of Birth (mm/dd/yyyy)

Mother's Maiden Name (optional)

Optional Mailing address where you would like the Card sent:

691 Corporate Circle

Address (No P.O. Boxes)

Golden, CO 80401

City

State/Province

ZIP/Postal Code

USA

Country

☐ UNITED STATES CITIZEN

☐ NON-UNITED STATES CITIZEN

Social Security or Taxpayer ID Number

License# (or) ID Card#

State of

Exp

If you are not a citizen of the United States, please provide one or more of the following forms of identification.

☐ U.S. Issued Alien ID Card

☐ Passport

☐ Other Government-Issued ID (example: Matricula Consular Card)

Type:

Country of Issuance

Number

Expiration Date (mm/dd/yyyy)

Be sure to read the Program Terms, Conditions and Disclosures that will be sent with your Card.

For additional information, please contact your employer.



CARD FEES

Description	Fee	Comments
Signature Transactions	Free	
ATM Withdrawal -- Domestic	\$1.50	1 free Chase or Allpoint ATM or Bank Teller* Withdrawal per deposit (does not accumulate)
Bank Teller Withdrawal	\$5.00	
ATM Withdrawal -- International	\$3.00	
ATM Balance Inquiry	\$1.00	
Insufficient Funds	\$0.75	Point-of-Sale, ATM & Bank Teller Withdrawal
Transfer Funds	\$0.50	1 free per deposit to a U.S. bank account or another Chase Paymentcard (does not accumulate)
Check to Close Account	\$2.00	Stop Payment on check: \$10.00
ChekToday Convenience Check Order	\$2.50	1 free per deposit (does not accumulate); Expedited Check Order: \$12.50
ChekToday Convenience Check -- Return, Stop Payment, Lost, Stolen or Void	\$10.00	
Bill Payment	\$0.50	1 free per deposit (does not accumulate)
USPS Money Order	Free	1 USPS surcharge waived per deposit (does not accumulate)
Replacement Card	\$5.00	Expedited Replacement Card: \$15.00
Card Inactivity (per month)	\$5.00	Applicable after six months of inactivity
Paper Statements	\$1.00	
International Transaction Fee	3.50%	

*At member banks accepting the card network printed on your card.

PAY-R-CO-2

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MASTERTECH SERVICES, INC.

"Nationwide Cooling Specialists"

Print Name: _____
(Last) (First) (Middle)

Former Name(s) and Dates Used: _____
(Maiden) (Year Married)

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/ Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/ Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/ Zip)

Social Security Number: _____ / _____ / _____ Date of Birth: _____ / _____ / _____
(mo) (day) (year)

Telephone Number: _____ () _____

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

Identification Number: _____ State: _____ Exp. Date: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize MasterTech Services, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I also do hereby authorize and appoint MasterTech Services, Inc. as my Attorney-in-Fact ("Agent") for the express purpose of submitting all such consumer/investigative reports about me to potential clients of MasterTech Services, Inc. for the sole purpose of determining my ability to access the facilities of such clients. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, employment credit history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to MasterTech Services or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release MasterTech Services, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____

Date: _____



691 Corporate Circle
Golden, CO 80401
Phone: 303-278-7300
Toll Free: 877-344-3072 Fax: 303-278-4665



MASTERTECH SERVICES, INC.

"Nationwide Cooling Specialists"

C.P.R.B. Workplace Policy

Policy: MasterTech Services Inc. (MTS) believes that courtesy, professionalism, and respectful behavior (C.P.R.B.) in the workplace is essential to a well-run and successful project. Behavior which may be acceptable in a non-workplace setting, and which may be perfectly normal in activities outside of work, may be perceived differently in the workplace, and, therefore, is inappropriate. Such hostile behavior includes the use of overly foul or profane language (particularly when directed at one or more co-workers), engaging in offensive, intimidating, humiliating, harassing or violent actions or outbursts, as well as fighting, arguing or unnecessarily interfering with a co-workers performance. In addition, MTS believes that freedom from bullying, violence, discrimination, harassment or hostile behavior in the workplace is a fundamental right of all employees. All forms of bullying, violence, discrimination, harassment or hostile behavior (hereinafter referred to as violations of C.P.R.B.) will not be tolerated. Any such violations will be investigated and if substantiated will be dealt with expeditiously. Violations will result in discipline up to and including termination.

MTS is seeking a spirit of cooperation and fairness from all its employees and subcontractors. It is impossible to provide a list of all behavior that would violate this policy. However, MTS is committed to ensuring a courteous, professional and respectful working environment in which all people are treated with respect and dignity. This policy, therefore, is intended as a practical and proactive approach to ensure a workplace free from all physical or psychological bullying, discrimination, hostility, harassment and violence. This policy outlines the expectations set forth by the company with regard to C.P.R.B. in the workplace as well as the consequences for not demonstrating the same. All employees are responsible to read and comply with this policy.

MTS supervisors, foremen or personnel with authority to act on behalf of the Company who witness or are made aware of any violation of this C.P.R.B. policy shall take immediate action to investigate such violations, take appropriate remedial action as may be necessary to stop any harassing or violent behavior, take steps to secure and/or remove the personnel and property of MTS from the Clients premises, and if appropriate shall notify and ask for assistance of on-site Client security personnel. Such MTS personnel shall also contact the MTS Corporate Safety Department and MTS Corporate Management as rapidly as possible to report such violations and seek further instructions. Any employee who violates this C.P.R.B policy shall be escorted to a secure location, or escorted off-site pending further investigation. Under no circumstances shall any such employee be left alone and allowed to continue working until the violations of this policy have been resolved.

(By signing this C.P.R.B. document, you are stating that you have read and understood this document in full.)

Personnel Printed Name:

Last 4 digits of SSN:

Personnel Signature:

Date:

Superintendent Signature:

Date:



691 Corporate Circle
Golden, CO 80401
Phone: 303-278-7300
Toll Free: 877-344-3072 Fax: 303-278-4665





7429

An ISO 9001:2008 Certified
Company. Certificate No. 42221

MASTERTech SERVICES - COOLING TOWER DEPOT

Universal Membership Application Form

DISA Contractors Consortium, 12600 Northborough, Suite 300, Houston, TX 77067



The Universal Membership Application Form is used to enroll employees in the national DISA Contractors Consortium (DCC), and/or the North American Substance Abuse Program (NASAP), and/or the DISA Contractors Consortium Hair Testing (DCHT) policies. Each employee must complete this form prior to gaining admittance to any site requiring either of these programs.

Please fill this form out completely. All fields marked with an asterisk (*) are required. The form will not be able to be processed with incomplete information. This could result in a delay in enrolling the employee into the program. When the form is complete, please E-Mail the form to forms@disa.com or fax to (713)972-3431. For assistance completing this form, please contact your client service team at (281)673-2400 and select option 1.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. Failure to fill the form out completely and legibly could delay processing of test results. The following example shows how letters should be drawn on the page:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

Last Name *												First Name *												M.I.

				-			-					(				)				-			
Social Security Number *										Home Phone Number *													

Location/Cost Center/Job Number Code																Collection Site Code			

It is no longer necessary to provide additional policy information when enrolling an employee in the DCC. To enroll your employee in your company policy or DOT program, simply send the employee to test with the proper form for that policy.

Witness Last Name												Witness First Name												M.I.

I have received and/or reviewed a copy of the DISA Contractors Consortium Substance Abuse Policy and/or North American Substance Abuse Program Policy and/or the Hair Testing Substance Abuse Program. I apply for membership in the DISA Contractors Consortium (DCC) and/or North American Substance Abuse Program (NASAP) and/or the Hair Testing Substance Abuse Program under the sponsorship of the Company Member indicated above. I agree, upon acceptance, to abide by all DCC and/or NASAP and/or the Hair Testing Substance Abuse Program policies, rules, and regulations. I authorize the DCC to release my drug and/or alcohol test results to the Company Member for which I worked at the time I was tested and/or the Company Member which required me to take a post-offer of employment drug and/or alcohol tests. I also authorize the DCC to release information about my status in the DCC to those companies on whose premises I seek to work or am currently working. I also authorize the DCC to release DCC status, test results, and other program activity to the Houston Area Contractors Safety Council through the NASAP with the understanding that this data may affect my status in the NASAP and that this status may be shared with those Companies participating in the NASAP. This release expires five years after the latest date on which I was no longer an "active" member of the Consortium. I understand I have a right to receive a copy of this authorization.

Applicant Signature * (Required to process application)

Date

Witness Signature

Date

DISAWorks TM

FOR INTERNAL USE ONLY

DW Universal V1.0
Revision Date - 02/10
Policy Id: 39390

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0

Send Completed Form to forms@disa.com
or fax to (713)972-3431www.disa.com • (P) 281-673-2400



7429

MASTERTech SERVICES, INC.

An ISO 9001:2008 Certified
Company. Certificate No. 42221**DISA Background Screening Consent Form V1.0**
NABSC and Reciprocal Consortiums

DISA Contractors Consortium, 12600 Northborough, Suite 300, Houston, TX 77067

The Background Screening Consent Form is used to enroll employees in the national North American Background Screening Consortium (NABSC) as well as any reciprocal background screening consortium policy. Each employee must complete this form prior to gaining admittance to any site requiring either of these programs.

Please fill this form out completely. **All fields marked with an asterisk (*) are required.** The form will not be able to be processed with incomplete information. This could result in a delay in enrolling the employee into the program. When the form is complete, please fax it directly to the DISA client services department at (713)972-3431. For assistance completing this form, please contact our background screening department at (281)673-2449.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. Failure to fill the form out completely and legibly could delay processing of test results. The following example shows how letters should be drawn on the page:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name *

First Name *

M.I.

			-				-				(				)				-			
--	--	--	---	--	--	--	---	--	--	--	---	--	--	--	---	--	--	--	---	--	--	--

Social Security Number *

Home Phone Number *

														/			/				
--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	--	--	---	--	--	--	--

Location Code

Date of Birth (mm/dd/yyyy) *

--	--	--	--	--	--	--	--	--	--	--	--

PO/Job Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Witness Last Name

Witness First Name

M.I.

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (pg 2 of this form) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, for a period of two years from the completion of the background screen. I further authorize and direct DISA to make available my subsequent background screen grade to the NABSC Program Lookup Application or any other Owner participating in a DISA Background Screening Consortium for the purpose of determining my eligibility for access to Owner's facilities. To these ends, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or any other source to furnish any and all background information requested by DISA, another outside organization acting on behalf of DISA, the NABSC Program Custodian, and/or the employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Applicant Signature * (Required to process application)

Date

Witness Signature

Date

THIS FORM MUST BE SIGNED BY A WITNESS PRIOR TO BEING PROCESSED.

**Submitting this form
does not place an order.**

DISAWorksTM

FOR INTERNAL USE ONLY

DW Background Consent V1.0

Revision Date - 06/10

Client Id: 7429

1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9
0	0	0	0	0	0	0	0

42802

Fax Completed Form to (713)972-3431



www.disa.com • (P) 281-673-2400



ProEnergy Crafts, Inc.

STATUS CHANGE FORM

NAME	EFFECTIVE DATE (always a Monday's date)
STREET ADDRESS	LAST 4 OF SSN
CITY, STATE, ZIP	DATE OF BIRTH
PHONE NUMBER(S)	

	FROM	TO
Job Number:		
Job Name:		
Hourly Wage:		

	DAILY PER DIEM RATE
	\$50.00 (laborer/carpenter)
	\$60.00 (foreman)

CRAFT STATUS

Tech. #1 (5+ yr)	☐	Tech. #2 (3-5 yrs)	☐	Tech. #3 (1-3 yrs)	☐	Tech. #4 (0-1 yr)	☐
Foreman	☐	Hole Watch	☐	Clerical	☐		

REASON FOR CHANGE

New Hire	☐	Merit Increase	☐	Length of Service Increase	☐	TWIC Card on File?	
Rehired	☐	Resignation	☐	Re-Evaluation of Position	☐	YES	☐
Promotion	☐	Retirement	☐	Probation Period Complete	☐	NO	☐
Demotion	☐	Layoff	☐	Under Contract Agreement	☐	Applied / Pending	☐
Transfer	☐	Discharge	☐				

Name of Superintendent Submitting: _____

Date: _____

Approved By: _____

Date: _____