



HIRING PROCEDURE FOR NEW ASSOCIATES
SOP 01.34 ATTACHMENT F

**Holcombe Energy
Resource, LLC**

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Application for Employment

Holcombe Energy Resource, LLC – 1 Kim Ave, Suite #5, Tunkhannock, PA 18657
Office: (570) 836 – 8050 | Fax: (570) 836 – 6549 | Website: <http://www.holcombeenergy.com>

INSTRUCTIONS:

Thank you for your interest in employment with Holcombe Energy Resource, LLC. To be considered for employment at Holcombe Energy Resource, LLC, please ensure that all portions of this employment application are accurate and complete. Should you require any accommodation during the employment application process, including assistance in the completion of this employment application, please contact a member of management.

Please do not make reference to a resume. Attaching a resume does not satisfy any required fields of this application.

APPLICANT: Read and sign before submitting this application.

Holcombe Energy Resource, LLC is an equal opportunity company and considers all applicants for employment without regard to race, color, religion, sex, national origin, age, or disability, or status as a Vietnam-era, special disabled, or other covered, veteran in accordance with federal law. Holcombe Energy Resource, LLC also complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities.

It is understood that the information in this application will be used and that present and prior employers will be contacted for purposes of investigation as required by **391.23** of the 49 CFR Federal Motor Carrier Safety Regulations. In accordance with **391.23(i) & 391.23(i)(2)**, upon written request, you have the right to review any investigation report received from a previous employer within the last three years, to have erroneous information corrected by the previous employer and rebut erroneous information a previous employer declines to change. It is agreed and understood that Holcombe Energy Resource, LLC may investigate my background to ascertain any and all information of concern whether same is of record or not, and I release past and present employers and persons named herein from all liability for any damages on account of his/her furnishing such information.

Applicant Signature:

Date:

PERSONAL INFORMATION

| | | | | |
|--|--------------------------------|--------------------|---------------------------------------|---|
| First Name | Middle Initial | Last Name | Email Address | |
| Have you ever used any other names? (circle) If "Yes", please explain. (for background & criminal conviction check) | | | | |
| No Yes | | | | |
| Mailing Address | | | City | State |
| Date of Birth (mm/dd/yy) | Social Security Number: | Home Phone: | Mobile Phone: | |
| Can you, upon employment, submit verification of your legal right to work in the United States? (circle) | | | | |
| No Yes Note: If offered employment, you will be required to submit documentation required by the IRCA | | | | |
| Driver License # | State of Issuance | Expiration | Medical Certificate Expiration | Associate Number (employer only) |



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DESIRED EMPLOYMENT

| | | |
|--|------------------------------------|------------------------------|
| Desired Position: | First Available Start Date: | Compensation Desired: |
| Have you worked for Holcombe Energy Resource before? (circle) If "Yes", what was your reason for leaving? No Yes | | |
| Have you previously applied for employment at Holcombe Energy Resource before? (circle) If "Yes", list last application date? No Yes | | |
| Did someone refer you to us? (circle) If "Yes", who was the referral? (newspaper ad, current employee [list name], walk-in, etc.) No Yes | | |
| Have you ever been bonded? (circle) If "Yes", for what company and why? No Yes | | |
| Are you able to work "Night Shift", if asked or assigned? (circle) If "No", please explain. No Yes | | |
| Apart from religious observances, are you able to work all other times? (circle) No Yes * If hired, you will be required to perform work tasks, as required by Holcombe Energy Resource, LLC. | | |

EDUCATION

| School Level | Name of School | Graduated? | Degree / Certification Received |
|----------------------|----------------|------------|---------------------------------|
| High School | | | |
| College | | | |
| Trade School / Other | | | |

MILITARY STATUS

| | | | |
|---|------------|-----------------------------------|------------------------|
| Have you served in the Military? (circle) If "Yes", list branch & complete following section. No Yes | | | |
| From: | To: | Rank at Discharged Duties: | Reserve Status: |



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EMPLOYMENT RECORD

Please account for the last ten years of employment by answering all questions for each employer.

| | | | | |
|--|-------------------------|--------------------------|--------------------------|------------|
| Name of Present or Last Employer: | | | | |
| Address | | City | State | Zip |
| Starting Date: | | Date Last Worked: | Position Held: | |
| Rate of Pay: | Supervisor Name: | Title: | Employer's Phone: | |
| While employed, were you subject to the Federal Motor Carrier Safety Regulations? (circle) No Yes | | | | |
| Were you subject to Alcohol & Controlled Substances testing as required by any DOT agency under 49 CFR Part 40? (circle) No Yes | | | | |
| Were you terminated or asked to resign? (circle) If "Yes", please explain; If "No", please print reason for leaving. No Yes | | | | |
| Summarize Type of Work Performed and/or Job Responsibilities: | | | | |

| | | | | |
|--|-------------------------|--------------------------|--------------------------|------------|
| Name of Present or Last Employer: | | | | |
| Address | | City | State | Zip |
| Starting Date: | | Date Last Worked: | Position Held: | |
| Rate of Pay: | Supervisor Name: | Title: | Employer's Phone: | |
| While employed, were you subject to the Federal Motor Carrier Safety Regulations? (circle) No Yes | | | | |
| Were you subject to Alcohol & Controlled Substances testing as required by any DOT agency under 49 CFR Part 40? (circle) No Yes | | | | |
| Were you terminated or asked to resign? (circle) If "Yes", please explain; If "No", please print reason for leaving. No Yes | | | | |
| Summarize Type of Work Performed and/or Job Responsibilities: | | | | |



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EMPLOYMENT RECORD (continued)

Please account for the last ten years of employment by answering all questions for each employer.

| | | | | |
|--|-------------------------|--------------------------|--------------------------|------------|
| Name of Present or Last Employer: | | | | |
| Address | | City | State | Zip |
| Starting Date: | | Date Last Worked: | Position Held: | |
| Rate of Pay: | Supervisor Name: | Title: | Employer's Phone: | |
| While employed, were you subject to the Federal Motor Carrier Safety Regulations? (circle) No Yes | | | | |
| Were you subject to Alcohol & Controlled Substances testing as required by any DOT agency under 49 CFR Part 40? (circle) No Yes | | | | |
| Were you terminated or asked to resign? (circle) If "Yes", please explain; If "No", please print reason for leaving. No Yes | | | | |
| Summarize Type of Work Performed and/or Job Responsibilities: | | | | |

| | | | | |
|--|-------------------------|--------------------------|--------------------------|------------|
| Name of Present or Last Employer: | | | | |
| Address | | City | State | Zip |
| Starting Date: | | Date Last Worked: | Position Held: | |
| Rate of Pay: | Supervisor Name: | Title: | Employer's Phone: | |
| While employed, were you subject to the Federal Motor Carrier Safety Regulations? (circle) No Yes | | | | |
| Were you subject to Alcohol & Controlled Substances testing as required by any DOT agency under 49 CFR Part 40? (circle) No Yes | | | | |
| Were you terminated or asked to resign? (circle) If "Yes", please explain; If "No", please print reason for leaving. No Yes | | | | |
| Summarize Type of Work Performed and/or Job Responsibilities: | | | | |



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CDL INFORMATION

List all drivers licenses held in **past five (5) years** (operator and chauffeur): *list current license first*

| State | License Number | Type | Expiration Date: |
|-------|----------------|------|------------------|
| | | | |
| | | | |
| | | | |

List all traffic convictions and forfeitures for **past five (5) years**: *truck and car other than parking violations*

| Date | Location (state) | Charge | Penalty |
|------|------------------|--------|---------|
| | | | |
| | | | |
| | | | |

List all accident involvement Personal and Professional with truck and car for **past five (5) years**:

| Date | Type of Vehicle Driven (car, truck, etc.) | Type of Accident (roll, rear-end, etc.) | Preventable (Yes or No) | Injury / Fatalities | Damages / Citation |
|----------------|--|--|----------------------------|------------------------|-----------------------|
| Last Accident: | | | | | |
| Next Previous: | | | | | |
| Next Previous: | | | | | |

Driving Experience:

| Class of Equipment | Type of Trailer (van, tank, flat, etc.) | Dates of Experience | | Approximate Miles |
|-----------------------|--|---------------------|----|-------------------|
| | | From | To | |
| | | | | |
| | | | | |
| | | | | |

List any safe driving awards earned: _____

List any other driver training you have received: _____



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CHARACTER REFERENCES

Someone who can verify background & employment dates other than relatives or former employers.

| Name | Occupation | Phone | Number of Years Known |
|------|------------|-------|-----------------------|
| | | | |
| | | | |
| | | | |

GENERAL

Have you ever been denied a license, permit or privilege to operate a motor vehicle? (circle) If "Yes", please explain.

No Yes

Has any license or privilege even been suspended or revoked? (circle) If "Yes", please explain.

No Yes

Have you ever been disqualified to any section of Federal Motor Carrier Safety Regulations? (circle) If "Yes", please explain.

No Yes

Have you ever been suspended, discharged, or released from any job? (circle) If "Yes", please explain.

No Yes

Have you ever been convicted of any misdemeanor or felony? (circle) If "Yes", please explain.

No Yes

Have you been licensed in other states or provinces? (circle) If "Yes", please explain.

No Yes



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CERTIFICATION STATEMENT

APPLICANT: Read and sign after completing this application.

It is understood that the applicant, by presenting the application for employment, represents that the statements given by the applicant for the information requested in the application are true, correct, and complete, and that any false, misleading, or incomplete statement of information requested in this application shall be considered acts of dishonesty and be sufficient grounds for cancellation of the contract or termination of employment.

I understand and acknowledge, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and Holcombe Energy Resource, LLC may discharge the Employee at any time with or without cause. It is further understood this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I authorize investigation of all statements contained in this application, personal history, financial, credit record, and criminal history as may be necessary in arriving at an employment decision. I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, general reputation, personal characteristics, and mode of living.

In connection with my application with the Holcombe Energy Resource, LLC; I understand that an investigative consumer report is being requested from third party information providers that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Information will also be requested regarding my driving records from various state, federal and other agencies regarding (1) previous driving record requests made by others from such agencies; (2) state provided driving records and: (3) claims involving me in the files of insurance companies. I authorize, without reservation, any party or agency contracted by Employer, or other third party information services, to furnish the above mentioned information. I also understand and agree to subsequent driving record & criminal checks in the event I am hired.

I understand by written request I have the right to review information provided by my previous employers, to have the right to have errors corrected and resubmission of corrected information by my previous employers and to have the right to have a rebuttal statement attached to any alleged erroneous information, which a previous employer has declined to change.

I understand I have the right to request the nature and substance of all consumer reports on me at the time of my request, including the sources of the information and the recipients of any reports on me.

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

Applicant Signature:

Date:



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DRUG & ALCOHOL TEST RESULTS / TREATMENT RECORDS & REFUSAL TO TEST HISTORY

APPLICANT: Please circle "yes" or "no" on the side of this form in response to the following questions as required by 49 CFR Part 40.25. Have you in the **past two years:**

- | | | | |
|----|--|-----|--------|
| 1. | Had any DOT required alcohol tests with a result of 0.04 or higher alcohol concentration? | YES | NO |
| 2. | Had any verified positive DOT required drug tests? | YES | NO |
| 3. | Refused to be tested (including having a verified adulterated or substituted sample)? | YES | NO |
| 4. | Had any other violation of DOT agency drug or alcohol testing regulations? | YES | NO |
| 5. | If you have violated a DOT drug and/or alcohol regulation did you successfully complete DOT return to duty requirements (including follow-up tests)? | N/A | YES NO |

Please answer the following questions as required by 49 CFR Part 40.25 by circling "yes" or "no" at the side of the question.

In the past two years:

- | | | | |
|----|--|-----|----|
| 1. | Were there any situations in which you tested positive on a pre-employment test for a DOT employer that did not hire you? | YES | NO |
| 2. | Were there any situations in which you refused to submit (including positives by Altercation or substitution) to a pre-employment test for a DOT employer? | YES | NO |

"I CERTIFY THAT MY RESPONSES TO THE ABOVE QUESTIONS ARE TRUE"

Applicant Signature:

Date:



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FAIR CREDIT REPORTING ACT AUTHORIZATION

APPLICANT: By signing below, you grant Holcombe Energy Resource, LLC authorization to obtain reports of the following nature, specifically: **Motor Vehicle Record, Drug & Alcohol Test Results, Verifying Previous Employment**

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant Signature:

Date: