



HIRING PROCEDURE FOR NEW ASSOCIATES
SOP 01.34 ATTACHMENT H

**Holcombe Energy
Resource, LLC**

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Safety Performance History Investigation

Fax Verification Request

Date:

To:
From: Jeff Armstrong (j.armstrong@holcombeenergy.com)
RE:

Please return this cover sheet or page two with your response. Thank you!

NOTES:

ADDL INFO:

Notice: Effective October 30, 2004, prior employers must respond to this Safety Performance History Investigation per 49 CFR Part 4.

Please email us if you'd prefer that we use a different number for verifications.

Our main fax number is (570) 836 – 6549. If you're having difficulty faxing our main number (please try it first), please contact us at (570) 836 – 8050. Thank you!

Main Office: (570) 836 - 8050

Website: <http://www.holcombeenergy.com>

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Section 1: Applicant Complete (one for each previous employer)

I, _____ (print name), _____ - _____ - _____ (social security), hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below, to Holcombe Energy Resource, LLC. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated testing items:

- Alcohol tests with a result of 0.04 or higher;
- Verified positive drug tests;
- Refusals to be tested;
- Other violations of DOT agency drug and alcohol testing regulations;
- Information obtained from previous employers of a drug and alcohol rule violation;
- Documentation, if any, of completion of the return-to-duty process following a rule violation.

Furthermore, I authorize my former employer to release my safety performance history information to my prospective employer for investigation purposes as required by FMCSR 391.23, 382.405 (f) & 382.413(b) for the **3 years preceding this release**. You are released from any and all liability that may result from furnishing such information. A photocopy of this release shall be as valid as the original.

Past Employer: _____ Contact Name: _____

Phone Number: _____ Fax Number: _____

Address: _____ City, State, Zip: _____

Applicant Signature: _____ Date: _____

Prospective Employer Use: Response Documentation (Good Faith Effort)

Employer not subject to FMCSRs

Date Contacted:	2 nd Attempt:	3 rd Attempt:	Received Back:
___/___/___	___/___/___	___/___/___	___/___/___

<input type="checkbox"/> Mail <input type="checkbox"/> Fax	<input type="checkbox"/> Mail <input type="checkbox"/> Fax	<input type="checkbox"/> Mail <input type="checkbox"/> Fax	<input type="checkbox"/> Mail <input type="checkbox"/> Fax
------------------------------------------------------------	------------------------------------------------------------	------------------------------------------------------------	------------------------------------------------------------

Dear Previous Employer:

The above driver has completed an application with Holcombe Energy Resource, LLC and states that s/he currently/previiously worked for your organization. We appreciate your time completing, in confidence, the information requested in section 8. Please update your company information above, if any errors. Please use another sheet if necessary, thank you.



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Section 2: Past Employer Complete

Employment Dates: ___ / ___ / ___ to ___ / ___ / ___

Position(s) Held: _____

3-Year Accident History: [] No accidents in past 3 years [] Yes; please complete below

Accident Count: (if none, enter zero) If more space is needed, please attach an additional sheet:

Preventable: ___ # Non-Preventable: ___ # DOT Recordable: ___

Table with 5 columns: Date, City/State, # Injuries, # Fatalities, Hazmat?, Preventable? (Yes/No checkboxes)

Driver Class, Type, Truck, Experience, Maintained DOT Logbooks?, Subject to DOT D&A?, Subject to FMCSR? (various checkboxes)

Area Driven: [] OTR [] Regional [] Local [] Other Loads Hauled: _____

Terminated: Yes [] No [] Eligible for rehire: Yes [] No []

Reason for Leaving: [] Discharged [] Resignation [] Lay-off [] Military Duty [] Other: _____

In the 3-years prior to the employee's dated signature above, for DOT regulated testing, did the employee have:

- 1. Alcohol tests with a result of 0.04 or higher: [] Yes [] No
2. Verified positive drug tests: [] Yes [] No
3. Any refusals to be tested: [] Yes [] No
4. Other violations of DOT agency drug & alcohol testing regulations: [] Yes [] No
5. Did a previous employer report a drug and alcohol rule violation to you: [] Yes [] No
6. If you answered "YES" to any of the above items, did the employee complete the return-to-duty process: [] Yes [] No [] Uncertain

If YES to 5, you must provide the previous employer's report. If you answered "YES" to 6, you must also forward the appropriate return-to-duty documentation (e.g. SAP reports(s), follow-up testing record).

Completed By: _____ Title: _____ Date: _____

Please return to: Holcombe Energy Resource, LLC Jeff Armstrong (570) 836 - 8050 (570) 836 - 6549
Company Attention Phone Fax