

APPLICATION FOR EMPLOYMENT

APPLICANT TO COMPLETE

Please print.

Name _____
Last First Middle

Position(s) Applied for _____ Date: _____

The company is an equal opportunity employer that maintains a policy of non-discrimination and non-retaliation with respect to all employees and applicants for employment. All employment decisions will be made without regard to race, color, sex (including pregnancy, gender identity, and sexual orientation), religion, national origin, age (40 or older), disability, genetic information, veteran status, or any other status protected by applicable federal, state, or local laws. Employment decisions are based solely on employees' qualifications, merit, and performance, subject to the business requirements of the company. Requests for accommodations will be reviewed for qualified individuals. Reasonable accommodations will be made in accordance with applicable law.

TO BE READ AND SIGNED BY APPLICANT

Bass Energy Services LLC is a drug free workplace. I understand all applicants will be required to pass a pre-employment drug and alcohol test, and all DOT-regulated employees will be subject to a pre-employment drug and alcohol test as required by the US Department of Transportation (FMCSA).

Signature: _____

Date: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that as a normal part of the hiring process, the driving records of all prospective employees are reviewed. In addition, in the event of employment, I understand that my driving record is subject to future, periodic reviews. I understand that I will be asked to sign a separate Disclosure and Authorization form to facilitate these reviews and that a satisfactory driving record is a condition of employment and/or continued employment for DOT-regulated positions and/or positions that drive a motor vehicle for the Company as part of and/or in connection with their job duties.

For DOT applicants only, I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.
- I understand that if I wish to review previous employer-provided investigative information, I must submit a written request to the Company, no later than 30 days after being employed or being notified of denial of employment. The Company will provide the requested investigative information to me within five business days of receiving the written request, or within five business days of receipt of the requested information from the previous employer, whichever is later.

Signature: _____

Date: _____

ADDRESS HISTORY List addresses of residency for the past 3 years.

Current Address	Street			How Long? (yr/mo)
	City	State	Zip	
	Home Phone		Cell Phone	
Previous Addresses	Street			How Long? (yr/mo)
	City	State	Zip	
	Street			How Long? (yr/mo)
	City	State	Zip	
	Street			How Long? (yr/mo)
	City	State	Zip	

CRIMINAL HISTORY

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age/recentness and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions. Further, the company only considers criminal conviction information to the extent the conviction(s), if any, relate to the applicant's suitability for employment in the position for which he or she has applied and the job qualifications for such position.

Have you ever been convicted of a crime? Do not include convictions that were sealed or expunged pursuant to a court order.

NOTE: Before answering this question regarding criminal convictions, please refer to the additional instructions below if you reside or are applying for a position in Texas, Pennsylvania, Louisiana, Oklahoma, or West Virginia.

Yes No Please explain any "Yes" answer. Use additional paper if necessary

Are you currently awaiting trial for any criminal offense?

Yes No Please explain any "Yes" answer. Use additional paper if necessary.

Have you ever initiated an act of violence in the workplace?

Yes No Please explain any "Yes" answer. Use additional paper if necessary.

Instructions for Answering Criminal Conviction Inquiry:

Texas Applicants: If you are seeking a position that pays less than \$75,000.00 per year, do not include convictions that are more than seven (7) years old. This limitation does not apply to positions that pay more than \$75,000.00 per year or to certain safety-sensitive positions. Also, do not disclose any convictions in juvenile court proceedings that have been sealed. **Austin, Texas Applicants: DO NOT ANSWER THIS QUESTION AT THIS TIME.** You will only have to answer this question if you receive a conditional offer of employment.

Pennsylvania Applicants: Do not identify convictions for summary offenses or expunged or pardoned convictions. **Philadelphia PA, Applicants: DO NOT ANSWER THIS QUESTION AT THIS TIME.** You will only have to answer this question if you receive a conditional offer of employment.

Louisiana Applicants: Do not disclose expunged or sealed criminal convictions or the existence of related criminal records. Applicants need not provide any information about sealed or expunged criminal records and may state that no such action has ever occurred.

Oklahoma Applicants: Do not disclose or identify convictions from sealed or expunged criminal records. Applicants need not provide any information about sealed or expunged criminal records and may state that no such action has ever occurred.

West Virginia Applicants: Do not disclose expunged criminal records or information related to such records. Applicants need not provide any information about sealed or expunged criminal records and may state that no such action has ever occurred.

DESIRED EMPLOYMENT

Position:	Date Available:	Salary Desired:
Describe the work you consider yourself best qualified for:		
Are you able to perform the functions of the job for which you have applied? If no, please explain.		
Are you over the age of 18?	Do you have the legal right to work in the United States?	
What type of hours are you available to work? <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work	Are you willing to travel?	
	Are you willing to work: <input type="checkbox"/> Weekends <input type="checkbox"/> Nights <input type="checkbox"/> On Call (24 hrs.)	
Are you currently employed? If so, may we contact your employer?	Are you on lay-off and subject to recall?	
Have you ever applied with the company before?	Where?	When?
Have you ever worked with the company before?	Where?	When?
Reason for leaving:		
Do you have any relatives currently working for the company? If so, please list.		

EXPERIENCE AND QUALIFICATIONS – OTHER

List courses and training:
List special skills and qualifications acquired from education, employment, or other experience.
List special equipment or technical materials you can work with:

EDUCATION

Select highest grade completed:	Grades 1-8:	High school:	College:
Last school attended:			

EMPLOYMENT HISTORY NOTE: List the last employers in reverse order starting with the most recent, for the last 3 years. Attach resume for additional details. Include military assignments and volunteer activities. Exclude organizations which include sex, race, color, religion, age, disability or national origin. Applicants to drive a commercial motor vehicle* in interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicles, for a total of 10 years employment history.

EMPLOYER			DATE	
NAME			From (mo/yr)	To (mo/yr)
Street			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	
DOT ONLY: Were you subject to the FMCSRs while employed?^ <input type="checkbox"/> YES <input type="checkbox"/> NO				
DOT ONLY: 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)
Street			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	
DOT ONLY: Were you subject to the FMCSRs while employed?^ <input type="checkbox"/> YES <input type="checkbox"/> NO				
DOT ONLY: 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				

EMPLOYMENT HISTORY - CONTINUED

EMPLOYER			DATE	
NAME			From (mo/yr)	To (mo/yr)
Street			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	
DOT ONLY: Were you subject to the FMCSRs while employed?^ <input type="checkbox"/> YES <input type="checkbox"/> NO				
DOT ONLY: 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)
Street			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	
DOT ONLY: Were you subject to the FMCSRs while employed?^ <input type="checkbox"/> YES <input type="checkbox"/> NO				
DOT ONLY: 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)
Street			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for Leaving	
DOT ONLY: Were you subject to the FMCSRs while employed?^ <input type="checkbox"/> YES <input type="checkbox"/> NO				
DOT ONLY: 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 15 or more passengers, 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 to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

REFERENCES Below, give the names of three persons (do not include relatives or former employers), whom you have known at least one year:

Name	Address	Telephone	Business	Years Known

TO BE READ AND SIGNED BY APPLICANT

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.

Signature

Date:

FOR DOT APPLICANTS ONLY

APPLICANT TO COMPLETE

Please print.

Date of birth:	Can you provide proof of age?	Social Security Number:
Have you ever been bonded?		Name of bonding company

ACCIDENT RECORD

List all for the past 3 years (other than parking violations); if none, write NONE. Attach sheet if more space is needed.

Dates	Nature of accident (head-on, rear-end, upset, etc)	Fatalities	Injuries	Hazardous material spill
Last accident				
Next previous				
Next previous				

TRAFFIC CONVICTIONS AND FORFEITURES

List all convictions for violations of motor vehicle laws for the past 3 years (other than parking violations) and forfeitures of bond or collateral, regardless of type of motor vehicle involved; if none, write NONE. Attach sheet if more space is needed.

Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

Driver Licenses	State	License no.	Type	Expiration date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked? YES _____ NO _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____
- _____
- _____

DRIVING EXPERIENCE

Class of equipment Check yes or no.	Check type of equipment	Dates From(m/y) to(m/y)	Approx. No. Of miles (total)
Straight truck yes no	van tank flat dump refer		
Tractor and semi-trailer yes no	van tank flat dump refer		
Tractor –two trailers yes no	van tank flat dump refer		
Tractor-three trailers yes no	van tank flat dump refer		
Motorcoach-school bus (more than 8 passengers) yes no	—		
Motorcoach-school bus (more than 15 passengers) yes no	—		
Other			
List states operated in for last 5 years:			
List special courses or training that will help you as a driver:			
List any safe driving awards you hold and from whom:			

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company.
List courses and training other than shown elsewhere in this application.
List special equipment or technical materials you can work with (other than those already shown).

In compliance with FMCSA Regulation Section 40.25 (j), all driver applicants are required to answer the following two 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, 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, have you successfully completed the DOT return-to-duty requirements? Check one: YES NO
You must provide documents supporting your successful completion of these requirements.

TO BE READ AND SIGNED BY APPLICANT

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.

Signature:

Date:

Applicant Statement and Acknowledgement

Applicant for employment with Bass Energy Services LLC must read, initial, and sign:

I declare that the statements contained in this application are correct.

Initial: _____

I authorize all employers, educators and persons named herein to provide Company with information regarding my education, employment and medical history and release all such individuals or entities from all liability for any damages that may result from furnishing information about me.

Initial: _____

I understand that if I am employed by Company, my employment will be on an “at will” basis and may be terminated by Company at any time with or without cause or notice.

Initial: _____

I understand that if I am employed by Company I am required to comply with the Company’s Dispute Resolution Program and its requirements for submission of all claims to arbitration that are not resolved by negotiation or mediation.

Initial: _____

I understand that and that if I refuse to sign below that my application will not be considered for employment.

Initial: _____

Signed:

_____, Applicant

Date: _____

Printed Name