

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1	AUTHORIZATION
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I, (Print Name) _____, hereby authorize:
(First, M.I., Last)

Previous Employer: _____ Email: _____
Street Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from _____
(Date of Employment Application)

to:

Prospective Employer: _____ Attn.: _____
Street Address: _____ Phone: _____
City, State, Zip: _____

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____

Prospective employer's confidential email: _____

Applicant's Signature _____

_____ Date

This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

SECTION 2	ACCIDENT HISTORY
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The applicant named above was employed by us. Yes No

Employed as _____ from (mm/yy) _____ to (mm/yy) _____.

Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor/Semitrailer
 Bus Cargo Tank Doubles/Triples Other (Specify) _____

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____

Title: _____ Date: _____

SECTION 3**DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here .

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B or Part 382 or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____
 Company: _____
 Street: _____
 City, State, Zip: _____ Phone: _____
 Section 3 completed by (Signature) _____ Date: _____

SECTION 4**MODE OF COMMUNICATION**

This form was sent to previous employer via (check one) Fax Mail Email Other _____
 By _____ Date: _____

SECTION 5**RECEIPT INFORMATION**

Complete the following when the requested information is obtained.

Information received from _____
 Recorded by: _____ Method: Fax Mail Email Phone
 Date: _____ Other _____

INSTRUCTIONS FOR COMPLETING THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST**SIDE 1 SECTION 1: Prospective Employee**

- Complete the information required in this section
- Sign and date
- Submit to the prospective employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to prospective employer

SIDE 2 SECTION 4: Prospective Employer

- Verify that prospective employee has correctly completed SIDE 1 SECTION 1
- Complete the information required in this section
- Make a copy of this form and keep it on file
- Send to previous employer

SIDE 2 SECTION 5: Prospective Employer

- Record receipt of the information in SECTION 5
- Keep form on file for duration of the driver's employment and for three years thereafter



TCRI is subject to the FMCSA drug and alcohol use and testing regulations in 49 CFR Part 382 must use a format to obtain an employee's consent to conduct a limited query of the Drug and Alcohol Clearinghouse.

I, _____, hereby provide consent to Tisdale Creek Ranch, Inc to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand by giving my consent that I am allowing Tisdale Creek Ranch, Inc to conduct an unlimited number of limited queries in Clearinghouse, throughout the duration of my employment.

I understand that if the limited query conducted by Tisdale Creek Ranch, Inc indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Tisdale Creek Ranch, Inc without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for Tisdale Creek Ranch, Inc to conduct a limited query of the Clearinghouse, Tisdale Creek Ranch, Inc must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Printed Name

Date

Signature

Witness

Certificate of Violations & Annual Review

Driver's Name _____

I. CERTIFICATE OF VIOLATIONS. I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past twelve months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral as a result of any violation required to be listed during the past twelve months.

Driver's Signature Date

Motor Carrier's Name Motor Carrier's Address

Reviewer's Signature Title

II. ANNUAL REVIEW and Evaluation of Driver's Record

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.25 has been reviewed for the past twelve months.

Action Taken: _____

Motor Carrier's Name Motor Carrier's Address

Reviewer's Signature Title Date

RECORD OF ROAD TEST

Instructions to Evaluator: Check () items which the driver performs satisfactorily, use "X" where performance is unsatisfactory. Any item not evaluated, leave blank.

Driver's Name _____ Home Address _____

Social Security No. _____ License No. _____ State _____ Class _____

Equipment Driven: Truck Tractor _____ Trailer(s) _____
(Make & Model) (Body Type & Length of Each)

Length of Test _____ Mi. From/In _____ To _____

Start Time _____ Finish Time _____ Weather Conditions _____

PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT	PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS
Checks general condition approaching unit _____	A. MOTOR _____
Checks fuel, oil, water and for excessive oil on engine _____	Places transmission in neutral before starting engine _____
Checks around unit - Tires, lights, trailer hook-up, brake and light line, doors and inspects for body damage _____	Starts engine without difficulty _____
Tests steering, brake action, tractor protection valve, and parking brake _____	Checks instruments at regular intervals _____
Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire equipment _____	Maintains proper engine rpm while driving _____
Checks instruments for normal readings _____	B. BRAKES _____
Checks dashboard warning lights for proper functioning _____	Knows proper use of and checks tractor-protection valve (trailer air supply valve) _____
Cleans windshield, windows, mirrors, lights and reflectors _____	Tests service brakes _____
Reviews and signs previous report _____	Builds full air pressure before moving _____
PART 2 - COUPLING AND UNCOUPLING	C. CLUTCH AND TRANSMISSION _____
Connects glad hands to trailer to apply trailer brakes before coupling _____	Starts unit moving smoothly _____
Connects glad hands and light line properly _____	Uses clutch properly _____
Couples without difficulty _____	D. LIGHTS (if tested at night) _____
Raises landing gear fully after coupling _____	Adjusts speed for range of headlights _____
Visually checks king pin assembly to be certain of proper coupling _____	Dims lights when approaching another vehicle or following other traffic _____
Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer _____	PART 4 - BACKING AND PARKING
Assures himself that surface will support trailer before uncoupling _____	A. BACKING _____
	Gets out and checks area before backing _____
	Understands and utilizes mirrors properly _____
	Signals when backing (if appropriate) _____
	Avoids backing from blind side _____
	B. PARKING (CITY) _____
	Parks without hitting any other vehicles or stationary objects _____
	Parks correct distance from curb _____
	Secures unit properly - sets parking brake, transmission in correct gear, shuts off engine, blocks wheels (when necessary) _____
	Carefully enters traffic from parked position _____
	C. PARKING (ROAD) _____
	Parks off pavement _____
	Secures unit properly _____
	Uses emergency warning signal or devices when necessary _____

PART 5 - SLOWING AND STOPPING

- Uses clutch and gears properly _____
- Gears down properly before descending hills _____
- Starts without rolling back _____
- Tests brakes before descending grades _____
- Uses brakes properly on grades _____
- Makes proper use of mirrors _____
- Plans stop far enough in advance to avoid hard braking _____
- Stops clear of crosswalks _____

PART 6 - OPERATING IN TRAFFIC, PASSING AND TURNING

- A. TURNING**
 - Signals intention to turn well in advance _____
 - Gets into proper lane well in advance of turn _____
 - Checks traffic conditions and turns only when intersection is clear _____
 - Restricts traffic from passing on right when preparing to complete right hand turn _____
 - Completes turn promptly and safely and does not impede other traffic _____
- B. TRAFFIC SIGNS AND SIGNALS**
 - Plans stop in advance and adjusts speed correctly _____
 - Obeys all traffic signals _____
 - Comes to a complete stop at all stop signs _____
- C. INTERSECTIONS**
 - Yields right of way _____
 - Checks for cross traffic regardless of traffic controls _____
 - Enters all intersections prepared to stop if necessary _____
- D. GRADE CROSSINGS**
 - Stops at a minimum 15 feet but not more than 50 feet before crossing if stop is necessary _____
 - Selects proper gear and does not shift gears while crossing _____
 - Knows and understands Federal and State rules governing grade crossings _____

- E. PASSING**
 - Allows sufficient space ahead for passing _____
 - Passes only in safe locations _____
 - Signals changing lanes before and after passing _____
 - Warns driver ahead of his intention to pass _____
 - Passes with sufficient speed differential to minimize obstructing traffic _____
 - Returns to right lane promptly but only when safe to do so _____
- F. SPEED**
 - Observes speed limits _____
 - Drives at speed consistent with ability _____
 - Adjusts speed properly to road, weather and traffic conditions _____
 - Slows down in advance of curves, danger zones and intersections _____
 - Maintains constant speed where possible _____
- G. COURTESY AND SAFETY**
 - Yields right of way _____
 - Consistently strives to drive in safe manner _____
 - Allows faster traffic to pass _____
 - Uses horn only when necessary _____

PART 7 - MISCELLANEOUS

- A. GENERAL DRIVING ABILITY AND HABITS**
 - Consistently alert and attentive _____
 - Consistently is aware of changing traffic conditions _____
 - Anticipates problems _____
 - Performs routine functions without taking eyes from road _____
 - Checks instruments regularly while driving _____
 - Personal appearance is professional _____
 - Remains calm under pressure _____
- B. USE OF SPECIAL EQUIPMENT (SPECIFY)**
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

REMARKS:

GENERAL PERFORMANCE: Satisfactory Needs Training Explain: _____

QUALIFIED FOR: Straight Truck Tractor-Semitrailer Twin Trailers Other Combination
Special Equipment _____ (SPECIFY)

SIGNATURE OF EXAMINER

Date

CERTIFICATION OF ROAD TEST

Driver's Name _____

(Social Security Number) (Operators or Chauffeurs License Number) (State)

Type of Power Unit _____ Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above named driver was given a road test under my supervision on _____, 20____ consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

(Signature of Examiner) (Title)

(Organization and Address of Examiner)

EQUIVALENT OF ROAD TEST FOR CDL DRIVERS

§391.33 Equivalent of road test.

- a) In place of, and as equivalent to, the road test required by §391.31, a person who seeks to drive a motor vehicle may present, and a motor carrier may accept -
 - 1) A valid operator's license which has been issued to him by a State that licenses drivers to operate specific categories of motor vehicles and which, under the laws of that State, licenses him after successful completion of a road test in a motor vehicle of the type the motor carrier intends to assign to him; or
 - 2) A copy of a valid certificate of driver's road test issued to him pursuant to §391.31 within the preceding 3 years.
- b) If a driver presents, and a motor carrier accepts, a license or certificate as equivalent to the road test, the motor carrier shall retain a legible copy of the license or certificate in its files as part of the driver's qualification file.
- c) A motor carrier may require any person who presents a license or certificate as equivalent to the road test to take a road test or any other test of his driving skill as a condition to his employment as a driver.

MEDICAL EXAMINER'S NATIONAL REGISTRY VERIFICATION

MOTOR CARRIER INSTRUCTIONS: The requirement to include verification of the medical examiner's National Registry listing in the driver's qualification files was published in the *Federal Register* April 20, 2012. **Beginning May 21, 2014**, motor carriers must certify that the medical examiner who signed the driver's medical card is listed on the National Registry. This requirement is prescribed in §391.23 and §391.51.

§391.23 Investigation and inquiries. (m)(1) The motor carrier must obtain an original or copy of the medical examiner's certificate issued in accordance with §391.43, and any medical variance on which the certification is based, and, beginning on or after May 21, 2014, verify the driver was certified by an medical examiner listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate, and place the records in the driver qualification file, before allowing the driver to operate a CMV. (§391.23(m)(1))

§391.51 General requirements for driver qualification files. (b)(9) A note relating to verification of medical examiner listing on the National Registry of Certified Medical Examiners required by §391.23(m). (§391.51(b)(9))

MOTOR CARRIER VERIFICATION: The following medical examiner has been verified as being listed on the National Registry of Certified Medical Examiners as of the date of issuance of the medical examiner's certificate for the named driver.

Driver's Name: _____ Identification Number: _____

Medical Examiner: _____ National Registry Number: _____

Motor Carrier: _____

Location: _____

Verified By: _____ Date: _____
(Motor Carrier Representative Signature)

Employee's Withholding Certificate

2022

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Tisdale Creek Ranch Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Tisdale Creek Ranch Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Tisdale Creek Ranch Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me, by my financial institution, or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Tisdale Creek Ranch Inc. receives a written notice of cancellation from me, my financial institution, or until I submit a new direct deposit form to the HR Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the HR Department.



Holler Disposal Unloading Policy & Procedure

The following policy and procedure is for the Holler Disposal Facility. This shall apply to all TCRI employees and contractors/leasers using the facility. This procedure/policy is subject to change and you may be asked to do other duties while at the facility.

1. Drivers will check in with the pumper/operator once they arrive onto location.
 - a. Driver will let pumper/operator know what kind of fluid they are hauling.
 - b. Pumper/operator will let the driver know where to unload their load.
 - i. If able to pumper/operator will give an approximate wait time
2. Drivers will be outside of their trucks and monitoring their load while unloading at all time – NO EXCEPTIONS.
3. Drivers will be responsible to change filters that they are unloading into.
4. Drivers may be asked to go to another unloading location if they hit oil/solids or if another location opens up quicker.
5. TCRI has a strict policy of “NO” spills. This includes but not limited to leaking hoses, messes caused from the filter pod, and any excess water/fluid in the hose after unloading.
 - a. In the event there is a spill/mess the driver will clean it up immediately. Anyfluid on the ground needs to be sucked up and disposed of.
6. In the event a driver has to wait in line to unload the following actions will be required.
 - a. The driver next in line will help the driver unloading. This includes but not limited to watching tank levels, changing filters and cleaning up any mess that might have occurred.
 - b. The second truck waiting and beyond may be asked to help pumper/operator if assistance is needed. If no assistance is needed they can remain in their trucks until they are the next truck in line to unload.
 - c. If you are not unloading, next in line helping unload and/or assisting the pumper/operator, we ask that you do not gather inside the building. Return to your trucks or gather in an area that does not interfere with work being performed.

By signing this I acknowledge that I have read the policy and procedure and understand that by not following the policy procedure it can lead to termination of my employment with TCRI or loss of Sub-Contract/Lease with TCRI.

DRIVER SIGNATURE

SUPERVISOR SIGNATURE

305 S Garner Lake Rd Suite B * Gillette, WY 8271
1-800-720-2706 * 307-682-2706 (office) * 307-682-6034 (fax)
tisdale@tcri-wy.com



2022 BENEFIT
ELECTION FORM

I _____ have elected to enroll/waive the following benefits offered by
TCRI Energy Services, Inc.

MEDICAL PLAN – Cigna

Complete Cigna Enrollment Form

- Open Access Plus

Monthly Employee Premium

Select your coverage tier:

- Enroll – Employee Only \$ 80.28
- Enroll – Employee & Spouse \$ 963.40
- Enroll – Employee & Child(ren) \$ 802.83
- Enroll – Family \$ 1685.95
- WAIVE

DENTAL PLAN – Cigna

Complete Cigna Enrollment Form

- Enroll – Employee Only \$ 0.00
- Enroll – Employee plus one \$ 31.87
- Enroll – Family \$ 69.21
- WAIVE

VISION PLAN – VSP

Complete VSP Enrollment Form

- Enroll – Employee Only \$ 0.00
- Enroll- Employee + One \$ 5.73
- Enroll- Employee + Children \$ 6.05
- Enroll- Family \$ 15.60
- WAIVE

Air Ambulance – MASA

Complete MASA Enrollment Form

- Enroll – Employee & Any Dependents \$ 19.00
- WAIVE

I understand that these elections will be effective on the first of the month following 60 days following my date of hire and are considered unchangeable until the end of the benefit plan year unless I have a qualifying change in status. I also understand that I have access to all Plan Documents & ERISA Compliance Notices by requesting them from my employer. By signing, I authorize the premiums elected above to be deducted from my paycheck.

Signature: _____

Date: _____



Employer: Complete Section A Employee: Complete Section B-H

Enrollment/Change Form

A	<input type="checkbox"/> OPEN ENROLL <input type="checkbox"/> CHANGE <input type="checkbox"/> NEW ENROLL <input type="checkbox"/> REINSTATE	EFFECTIVE DATE OF CHANGE ADD/CHANGE/CANCELLATION (MM/DD/CCYY) ____/____/____	EMPLOYER NAME TCRI Energy Services	DATE OF HIRE (MM/DD/CCYY) ____/____/____	PLAN NUMBER 625127	SUBGROUP	CLASS
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B <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED ____/____/____ <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	TYPE OF CHANGE <input type="checkbox"/> Add Dependent(s) * <input type="checkbox"/> Demographics <input type="checkbox"/> PCP Change <input type="checkbox"/> Retirement * List Name(s) in Section C <input type="checkbox"/> COBRA Continuation <input type="checkbox"/> Other _____ Qualifying Event Date: ____/____/____
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C EMPLOYEE NAME (Last)		(First)		SOCIAL SECURITY NUMBER									
EMPLOYEE DATE OF BIRTH (MM/DD/CCYY)			HOME PHONE (____) _____		EMAIL ADDRESS								
ADDRESS (Street)				(City)		(State)		(Zip Code)					
<input type="checkbox"/> YES, I WOULD LIKE COVERAGE FOR MYSELF AND MY DEPENDENTS. (Specify last name if different from yours)		Dependent Social Security Number	Date of Birth (MM/DD/CCYY)	Gender	Height	Weight	Coverage Selection	Full-Time Student?	Please list PCP ID below**	Dental Late Entrant?			
Employee	Last Name First Name	- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vis	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dependent	Relationship	- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vis	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dependent	Relationship	- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vis	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dependent	Relationship	- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vis	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dependent	Relationship	- -	/ /	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Med <input type="checkbox"/> Den <input type="checkbox"/> Vis	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			

ADDITIONAL INFORMATION- * DEPENDENTS – If totally disabled prior to age 26, attach proof of disability for eligibility review. Dependents are covered under the medical plan to age 26. Proof of student status may be required for dental and/or vision coverage. **PCP ID is required when the Medical Option selected below is Cigna SureFit®. If a PCP is not selected during enrollment one will be assigned. Otherwise PCP is optional.

D	MEDICAL OPTIONS:
<input type="checkbox"/>	Cigna Consumer Advantage®/_____
<input type="checkbox"/>	PPO/_____
<input type="checkbox"/>	HSA (with Banking)/_____
<input type="checkbox"/>	HRA/_____
<input type="checkbox"/>	LocalPlus IN®/_____
<input type="checkbox"/>	Open Access Plus/_____
<input type="checkbox"/>	Indemnity/_____
<input type="checkbox"/>	LocalPlus®/_____
<input type="checkbox"/>	Cigna Care Network®/_____
<input type="checkbox"/>	Cigna SureFit®/_____
<input type="checkbox"/>	Decline Coverage

E	DENTAL OPTIONS:	VISION OPTIONS:
<input type="checkbox"/>	Cigna Dental Traditional/_____	<input type="checkbox"/> Cigna Vision
<input type="checkbox"/>	Cigna Dental PPO/_____	
<input type="checkbox"/>	Decline Coverage	<input type="checkbox"/> Decline Coverage

F	FLEXIBLE SPENDING ACCOUNT OPTIONS:
<input type="checkbox"/>	Healthcare ***
<input type="checkbox"/>	Dependent Care ***
*** If you have elected one of the Flexible Spending Accounts in this section, please complete the corresponding enrollment form included in this package	

G	OTHER HEALTHCARE COVERAGE: Do you or your dependents have other health insurance under a group plan, HMO, or Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following:
	NAME OF PERSON COVERED SOCIAL SECURITY NUMBER EFFECTIVE DATE MEDICARE Part A Part B MEDICAID OTHER INSURANCE CARRIER
	_____ - - ____/____/____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
	_____ - - ____/____/____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____

H

The information provided above is true and correct to the best of my knowledge, and I accept the provisions on the reverse side of this form which I have read and understand. **By my signature below, I acknowledge that I have read and understand the disclosure in this Enrollment/Change Form. I authorize the required payroll deduction for contributory benefits. I also represent that all information shown on this Enrollment/Change Form is correct. I understand that I will not be individually denied coverage or be individually charged different rates as a result of my answers. However, if I knowingly provide false information on this Questionnaire, I understand and agree that it may affect the payment of claims or result in termination of my/or my dependent(s) coverage.**

EMPLOYEE SIGNATURE / DATE



Enrollment Form with Dependent Data

Name of group (employer): TCRI Energy Services, Inc

Employee last name, first name, middle initial: _____

Social Security Number: _____

Gender: male female

Effective Date of Coverage: _____ Date of birth (month/date/year): _____

- Type of coverage selected:
- employee only
 - employee and one dependent
 - employee and child(ren)
 - employee and family
 - waive coverage

*** Dependent Relationship:** S=spouse, C=child, H=handicapped child, T=student

dependent last name	dependent first name	gender	* Dependent Relationship	date of birth mm/dd/yyyy
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /
			<input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> T	/ /

Employee Signature: _____

Please return this form to your benefits administrator. Do not return to VSP.



Business Name: TCRI Energy Services, Inc. Effective Date: 1/1/2022
 Date of Hire: _____ Employee ID #: _____

MASA MEMBER INFORMATION

NAME (Last, First, Middle): _____ DOB: ___/___/___

SPOUSE (Last, First, Middle): _____ DOB: ___/___/___

Physical Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

Phone: (____) _____ - _____ Alt. Phone: (____) _____ - _____ Email: _____

Dependent Name: _____ DOB: ___/___/___

Dependent Name: _____ DOB: ___/___/___

Dependent Name: _____ DOB: ___/___/___

Dependent Name: _____ DOB: ___/___/___

Dependent Name: _____ DOB: ___/___/___

EMPLOYEE PAYMENT OPTIONS FOR MASA MTS MEMBERSHIP	
Emergent Plus Membership	
<input type="checkbox"/>	\$19 Monthly
<input type="checkbox"/>	\$228 Annual

I authorize my employer to do a payroll deduction equivalent to the selected amount from my payroll check for my MASA MTS membership. I further understand that in the event that my employment with my employer is terminated, whether voluntarily or involuntarily, my employer has the right to deduct from my final paycheck any amounts paid upfront by my employer that has yet to be deducted from my paycheck(s).

Member's Signature **Name (Printed)** **Date**

I acknowledge that I have been offered the opportunity to enroll into the MASA MTS membership program via a payroll deduction and have decided to opt out. Additionally, I understand the potential out of pocket exposure resulting from an emergent air or ground ambulance transport and willingly assume the responsibility of such balance bill.

Employee's Signature **Name (Printed)** **Date**

MASA MTS Rep	Other

IMPORTANT NOTICE TO MEMBERS

The following disclosures are required by statute and may or may not apply.

1. This Agreement is a membership plan and is not insurance coverage.
2. If eligible and covered under Medicare, you may consult with a representative of the Medicare program to determine the extent of the applicable Medicare coverage and what your payment obligations will be if transported by air ambulance.
3. You may be covered by an air ambulance membership organization under a membership provided by a governmental entity.
4. The fees to be paid by you for this Agreement are as follows:
 - a. One-Time Fee: N/A
 - b. Periodic Fees: \$19.00 per month
5. MASA serves all Wyoming counties.
6. In an emergency where you are outside of MASA's service area, air ambulance services may be provided by another air ambulance provider or air ambulance membership organization, and the benefits provided by MASA under this Agreement may not apply to the services provided by another air ambulance provider. In such case, you may be responsible for the entire bill.
7. If you cancel the membership not later than 30 days after purchasing this Agreement, MASA will refund any one-time charges paid that exceed \$30 and all periodic charges paid by you.
8. The ambulance membership organization called in the event of an emergency may not be MASA. In that case, you may be responsible for the entire bill if a different company provides the service.

Mailing Address

MASA GLOBAL BUILDING
1250 S. Pine Island Road, Suite 500
Plantation, FL 33324

Telephone

Membership Services (800) 423-3226
Emergency Access (800) 643-9023
Itinerary Fax (817) 491-1368

E-Mail

info@masaglobal.com



Beneficiary Designation Form

Employer Name: TCRI Energy Services

Employee Name: Employee Social Security Number:

Current Address: City: State: Zip:

Home Phone: Work Phone:

Primary and Contingent Beneficiaries - Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

If you need additional space to indicate your beneficiary designations, attach a separate piece of paper using the below format including the appropriate policy number, the date, and your signature.

Basic Life Insurance Policy No.

Table with 5 columns: Employee's Primary Beneficiary(ies), Relationship, Social Security Number, Date of Birth, % (total must equal 100%). Includes rows for Primary and Contingent beneficiaries.

Voluntary Life Insurance Policy No.

Check here if you want to use the same designations here that you used for Basic Life Insurance, and do not complete the rest of this section.

Table with 5 columns: Employee's Primary Beneficiary(ies), Relationship, Social Security Number, Date of Birth, % (total must equal 100%). Includes rows for Primary and Contingent beneficiaries, with N/A entries.

Basic Accidental Death & Dismemberment Insurance Policy No.


Check here if you want to use the same designations here that you used for Basic Life Insurance, and do not complete the rest of this section.


Table with 5 columns: Employee's Primary Beneficiary(ies), Relationship, Social Security Number, Date of Birth, % (total must equal 100%). Includes rows for Primary and Contingent beneficiaries, with N/A entries.

Note: This form is not complete without your signature. Please sign the form on the next page where indicated.

Voluntary Accidental Death & Dismemberment Insurance				Policy No.
<input type="checkbox"/> Check here if you want to use the same designations here that you used for Basic Accidental Death & Dismemberment Insurance, and do not complete the rest of this section.				
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
N/A				%
				%
				%
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
N/A				%
				%
				%

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin), and name someone other than your spouse as beneficiary, payments of benefits may be delayed or disputed unless your spouse provides their signature in the space provided below.

 Spouse's Signature: _____ Date: _____

 Owner's Signature: _____ Date: _____

Guidelines for Designation of Beneficiaries

General - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation(s).

Trust as Beneficiary - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e. one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate because it is lost, contested, or superseded by a later will. Claim payment delays can result if the beneficiary designation does not provide for this situation.

Domestic Partner - If you wish to designate your domestic partner as your beneficiary, you must complete a beneficiary form. Otherwise, your death benefit will be paid according to the provisions of the policy.

Life Status Changes - We recommend that you review your beneficiary designation(s) when significant life status events occur, such as marriage, divorce, or birth of a child.

See an Attorney! The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation(s). A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.



Sign On Bonus Acknowledgement

We are pleased to offer you a sign on bonus of \$2500.00. This bonus will be paid in two separate installments; \$1250.00 will be paid on your first or second paycheck (depending on when you start in the pay period), the remaining \$1250.00 will be paid when you complete your third month of employment. This sign on bonus is taxable, and all regular payroll taxes will be withheld.

Employee Signature

Date

Human Resources Signature

Date



**Employee Contact Information and Emergency Contact
Information Update**

Employee Information

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alt. Phone: _____

Email Address: _____

Emergency Contact Information

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alt. Phone: _____

Relation to Employee: _____



Tisdale Creek Ranch Inc.

Background Check Policy and Procedure

All offers of employment at Tisdale Creek Ranch Inc. are contingent upon clear results of a thorough background check. Background checks will be conducted on all final candidates and on all employees who are promoted, as deemed necessary.

Background checks will include:

- **Social Security Verification:** validates the applicant's Social Security number, date of birth and former addresses.
- **Prior Employment Verification:** confirms applicant's employment with the listed companies, including dates of employment, position held and additional information available pertaining to performance rating, reason for departure and eligibility for rehire. This verification will be run on the past two employers or the previous five years, whichever comes first.
- **Personal and Professional References:** calls will be placed to individuals listed as references by the applicant.
- **Educational Verification:** confirms the applicant's claimed educational institution, including the years attended and the degree/diploma received.
- **Criminal History:** includes review of criminal convictions and probation. The following factors will be considered for applicants with a criminal history:
 - The nature of the crime and its relationship to the position.
 - The time since the conviction.
 - The number (if more than one) of convictions.
 - Whether hiring, transferring or promoting the applicant would pose an unreasonable risk to the business, its employees or its customers and vendors.

The following additional background searches will be required if applicable to the position:

- **Motor Vehicle Records:** provides a report on an individual's driving history in the state requested. This search will be run when driving is an essential requirement of the position.

- **Credit History:** confirms candidate's credit history. This search will be run for positions that involve management of Tisdale Creek Ranch Inc. funds and/or handling of cash or credit cards.

Procedure

Final candidates must complete a background check authorization form and return it to Human Resources.

Human Resources will order the background check upon receipt of the signed release form, and either internal HR staff or an employment screening service will conduct the checks. A designated company representative will review all results.

The HR representative will notify the hiring manager regarding the results of the check. In instances where negative or incomplete information is obtained, the appropriate management will assess the potential risks and liabilities related to the job's requirements and determine whether the individual should be hired. If a decision not to hire or promote a candidate is made based on the results of a background check, there may be certain additional Fair Credit Reporting Act (FCRA) requirements that will be handled by Human Resources in conjunction with the employment screening service (if applicable).

Background check information will be maintained in a file separate from employees' personnel files for a minimum of five years.

Tisdale Creek Ranch Inc. reserves the right to modify this policy at any time without notice.

Last name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Signature _____ Date _____

Acknowledgment of Receipt and Review

By signing below, I acknowledge that I have received a copy of the TCRI Employee Handbook and that I have read it, understand it, and agree to comply with it. I understand that the company has the maximum discretion permitted by law to interpret, administer, change, modify, or delete the rules, regulations, procedures, and benefits contained in the handbook at any time with or without notice. No statement or representation by a supervisor, manager, or any other employee, whether oral or written, can supplement or modify this handbook. Changes can only be made if approved in writing by Human Resources with approval of the company President. I also understand that any delay or failure by the company to enforce any rule, regulation, or procedure contained in the handbook does not constitute a waiver on behalf of the company or affect the right of the company to enforce such rule, regulation, or procedure in the future.

I understand that neither this handbook nor any other communication by a management representative or other, whether oral or written, is intended in any way to create a contract of employment. I further understand that, unless I have a written employment agreement signed by an authorized company representative, I am employed "at-will" (to the extent permitted by law) and this handbook does not modify my "at-will" employment status.

If I am covered by a written employment agreement (signed by an authorized company representative) or a collective bargaining agreement that conflicts with the terms of this handbook, I understand that the terms of the employment agreement or collective bargaining agreement will control.

This handbook is not intended to preclude or dissuade employees from engaging in legally protected activities under the National Labor Relations Act (NLRA). This handbook is not intended to violate any local, state, or federal law. No provision or policy applies or will be enforced if it conflicts with or is superseded by any requirement or prohibition contained in federal, state, or local law, or regulation. Furthermore, nothing in this handbook prohibits an employee from reporting concerns to, filing a charge or complaint with, making lawful disclosures to, providing documents or other information to, or participating in an investigation or hearing conducted by the Equal Employment Opportunity Commission (EEOC), National Labor Relations Board (NLRB), Securities and Exchange Commission (SEC), or any other federal, state, or local agency charged with the enforcement of any laws.

This handbook supersedes any previous handbook or policy statements, whether written or oral, issued by TCRI.

If I have any questions about the content or interpretation of this handbook, I will contact Kelly Soule, Human Resources.

Signature

Date

Print Name



This agreement is made between _____ ("Employee") and TCRI Energy Services on _____ 20__.

Employee will perform services for TCRI Energy Services that may require TCRI Energy Services to disclose confidential and proprietary information to Employee. (Confidential Information is information and data of any kind concerning any matters affecting or relating to TCRI Energy Services, the business or operations of TCRI Energy Services, and/or the products, drawings, plans, processes, or other data of TCRI Energy Services not generally known or available outside of the company.)

Accordingly, to protect the Confidential Information that will be disclosed during employment, the Employee agrees as follows:

- A. Employee will hold the Confidential Information received from TCRI Energy Services in strict confidence and will exercise a reasonable degree of care to prevent disclosure to others.
- B. Employee will not disclose or divulge either directly or indirectly the Confidential Information to others unless first authorized to do so in writing by TCRI Energy Services management.
- C. Employee will not reproduce the Confidential Information nor use this information commercially or for any purpose other than the performance of his/her duties for TCRI Energy Services.
- D. Electronic devices issued to employees are property of TCRI Energy Services. Employee's issued electronic devices, including but not limited to cellular phones, computers, laptops, and or tablets will disclose passwords and or passcodes to managers allowing access to the device. Additionally, the device itself and or any information contained in the electronic device must not be wiped, deleted, or cleared upon return of device to TCRI Energy Services.
- E. Employee will, upon request or upon termination of his/her relationship with TCRI Energy Services, deliver to TCRI Energy Services any drawings, notes, documents, equipment, and materials received from TCRI Energy Services or originating from employment with TCRI Energy Services.
- F. TCRI Energy Services reserves the right to take disciplinary action, up to and including termination, for violations of this agreement in addition to pursuing civil or criminal

penalties.

G. This agreement will be interpreted under and governed by the laws of the state of Wyoming.

H. All provisions of this agreement will be applicable only to the extent that they do not violate any applicable law and are intended to be limited to the extent necessary so that they will not render this agreement invalid, illegal or unenforceable. If any provision of this agreement or any application thereof will be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of other provisions of this agreement or of any other application of such provision will in no way be affected thereby.

Immunity from Liability for Confidential Disclosure of a Trade Secret to the Government or in a Court Filing:

(1) Immunity—An individual will not be held criminally or civilly liable under any federal or state trade secret law for the disclosure of a trade secret that (A) is made (i) in confidence to a federal, state or local government official, either directly or indirectly, or to an attorney and (ii) solely for the purpose of reporting or investigating a suspected violation of law or (B) is made in a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal.

(2) Use of Trade Secret Information in Anti-Retaliation Lawsuit—An individual who files a lawsuit for retaliation by an employer for reporting a suspected violation of law may disclose the trade secret to the attorney of the individual and use the trade secret information in the court proceeding, if the individual (A) files any document containing the trade secret under seal and (B) does not disclose the trade secret, except pursuant to court order.

(3) At-Will Employment Relationship. Employee acknowledges that Employee is and continues to be an at-will Employee of TCRI. Nothing in this agreement entitles Employee to any rights to continued employment or set compensation for any length of time as a result of this agreement or the terms thereof.

Employee represents and warrants that he or she is not under any pre-existing obligations inconsistent with the provisions of this agreement.

Signing below signifies that the Employee agrees to the terms and conditions of the agreement stated above.

Employee

Company Representative Name/Title

Employee Signature

Company Representative Signature

Date

Date