



- Work Location:**
- Robstown, TX
 - Midland, TX
 - Minot, ND
 - Northern Rockies

How did you hear of this opening?
(Please check one)

- Newspaper Ad: _____
- Billboard Ad: _____
- On-Line Ad: _____
- Walk-In: _____
- Referred by: _____

DOT Employment Application

Coil Tubing Partners LLC, is an equal opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, age, disability, religion, national origin, military or veteran status, or any other basis protected by applicable law.

All newly hired employees of the Company are subject to an introductory period of ninety (90) days from the date of hire. The applicant understands that the satisfactory completion of this evaluation period in no way constitutes an obligation by the Company to continue his/her employment, and that all employees are subject to termination with or without cause as determined solely by the Company in its best interest. This application is considered active for sixty (60) days.

Year CDL Obtained: _____
 Driver Endorsement: _____

PERSONAL INFORMATION (PLEASE PRINT)

FIRST NAME: _____ MIDDLE: _____ LAST NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: (IF DIFFERENT FROM ABOVE) _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT TELEPHONE: _____

EMAIL ADDRESS: _____

Driver's License No.: _____ State: _____ Expiration Date: _____

Position Applied For: _____ Date Available: _____ Minimum Pay Desired: \$ _____ Per _____

Have you ever applied for employment, or been employed by Coil Tubing Partners, LLC? YES NO

If so, what position? _____ Dates of Employment _____

Are you under any type of agreement that would prevent you from performing the job for which you are applying or for which you are being considered, such as a non-competition, non-disclosure, or non-solicitation agreement? Yes No

Do you have any relatives working for Coil Tubing Partners, LLC? Yes No

EDUCATION

| SCHOOL | NAME & LOCATION | COURSE OF STUDY | YEARS COMPLETED | GRADUATE | | DETAILS |
|-------------|-----------------|-----------------|-----------------|----------|----|---------|
| | | | | YES | NO | |
| High School | | | | | | |
| College | | | | | | |
| Other | | | | | | |

REFERENCES

List two persons familiar with your work record and/or abilities. Do not list relatives.

| NAME | RELATIONSHIP | PHONE NUMBER | YEARS KNOWN |
|------|--------------|--------------|-------------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. **In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.**

Start with the last or current position, including any military experience, and work backwards (attach separate sheet if necessary). You are required to list the complete mailing address, including: street number, city, state, zip, and complete all other information and questions.

ANY GAPS IN EMPLOYMENT IN EXCESS OF ONE (1) MONTH AND/OR UNEMPLOYMENT MUST BE EXPLAINED

| | | | | | | | |
|--|--|--|--|----------------------|--|--|--|
| Current Employer Name: | | | | | | | |
| Phone: | | Fax: | | Name of Supervisor: | | | |
| Location: | | | | | | | |
| Position Held: | | From: | | To: | | Salary: | |
| May we contact current employer prior to hiring? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | Reasons for leaving: | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 407? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | | | | | | | |
|--|--|-------|--|---------------------|--|--|--|
| Previous Employer Name: | | | | | | | |
| Phone: | | Fax: | | Name of Supervisor: | | | |
| Location: | | | | | | | |
| Position Held: | | From: | | To: | | Salary: | |
| Reasons for leaving: | | | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 407? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | | | | | | | |
|--|--|-------|--|---------------------|--|--|--|
| Previous Employer Name: | | | | | | | |
| Phone: | | Fax: | | Name of Supervisor: | | | |
| Location: | | | | | | | |
| Position Held: | | From: | | To: | | Salary: | |
| Reasons for leaving: | | | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 407? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | | | | | | | |
|--|--|-------|--|---------------------|--|--|--|
| Previous Employer Name: | | | | | | | |
| Phone: | | Fax: | | Name of Supervisor: | | | |
| Location: | | | | | | | |
| Position Held: | | From: | | To: | | Salary: | |
| Reasons for leaving: | | | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 407? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | | | | | | | |
|--|--|-------|--|---------------------|--|--|--|
| Previous Employer Name: | | | | | | | |
| Phone: | | Fax: | | Name of Supervisor: | | | |
| Location: | | | | | | | |
| Position Held: | | From: | | To: | | Salary: | |
| Reasons for leaving: | | | | | | | |
| While employed here, were you subject to the Federal Motor Carrier Safety Regulations? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 407? | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

JOB SPECIFIC (Check all that apply)

| | | | | |
|-------------------------------|--|---------------------------------------|---|--|
| <input type="checkbox"/> H2S | <input type="checkbox"/> HAZWOPER | <input type="checkbox"/> Lockout/Tag | <input type="checkbox"/> Incipient Firefighting | <input type="checkbox"/> TWIC (Transportation Worker Identification Card) TWIC Card # _____ Exp. Date _____ |
| <input type="checkbox"/> PEC | <input type="checkbox"/> HAZMAT | <input type="checkbox"/> Rigger | <input type="checkbox"/> CPR / First Aid | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> PPE | <input type="checkbox"/> Confined Space | <input type="checkbox"/> Crane Safety | <input type="checkbox"/> HAZCOM | <input type="checkbox"/> Defensive Training |
| <input type="checkbox"/> OSHA | <input type="checkbox"/> Blasting/Explosives | <input type="checkbox"/> DOT/CDL | <input type="checkbox"/> Rig Pass | <input type="checkbox"/> Other |

Do you have a legal right to work in the United States? YES NO

Did you serve in the U.S. Armed Forces? YES NO

Date of Entry: _____ Date of Discharge: _____ Branch: _____

Rank at Entry: _____ Highest Rank Attained: _____ Rank at Discharge: _____

1. Have you ever initiated an act of violence in the workplace? YES NO
2. Have you ever been sanctioned or had your driver's license suspended or revoked? YES NO

THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR 391.21(b)2) REQUIRES THAT DRIVER APPLICANTS PROVIDE THEIR DATE OF BIRTH AND SOCIAL SECURITY NUMBER.

DATE OF BIRTH (mm/dd/year): _____ SOCIAL SECURITY NUMBER: _____

POSITION APPLIED FOR: _____ DATE OF APPLICATION: _____

EXPERIENCE AND QUALIFICATIONS: DRIVER

| Driver Licenses List any licenses held in the last three (3) years. | STATE | LICENSE NUMBER | TYPE | EXPIRATION DATE |
|--|-------|----------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

DRIVING EXPERIENCE

| CDL ENDORSEMENTS & RESTRICTIONS | CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (Coil, Frac, Other, etc.) | DATE FROM | DATE TO | APPROXIMATE NUMBER OF MILES(TOTAL) |
|---|------------------------|---|-----------|---------|------------------------------------|
| <input type="checkbox"/> X TANKER & HAZMAT | STRAIGHT TRUCK | | | | |
| <input type="checkbox"/> H HAZMAT | TRACTOR & SEMI TRAILER | | | | |
| <input type="checkbox"/> N TANKER | TRACTOR & TWO TRAILERS | | | | |
| <input type="checkbox"/> T DOUBLES/TRIPLE TRAILER | TRACTOR & TANKER | | | | |
| <input type="checkbox"/> O OTHER LIST _____ | OTHER | | | | |

Total number of years of driving experience: _____

NONE. Check if you have had no accidents.

ACCIDENT RECORD FOR THE THREE (3) YEARS PRECEDING DATE OF APPLICATION (PER FMCSR (49 CFR 391.21(7)))

| DATES | NATURE OF ACCIDENT (Head-on, Rear-end, Roll-over, etc.) | FATALITIES | INJURIES | AT FAULT |
|----------------|---|------------|----------|----------|
| MOST RECENT: | | | | |
| NEXT PREVIOUS: | | | | |
| NEXT PREVIOUS: | | | | |
| NEXT PREVIOUS: | | | | |
| NEXT PREVIOUS: | | | | |

NONE. Check if you have no violations.

VIOLATIONS IN THE THREE (3) YEARS PRECEDING DATE OF APPLICATION (PER FMCSR (49 CFR 391.21(b)(8)))

| LOCATION | DATE | CONVICTIONS: Forfeited, Bond, or Collateral | PENALTY |
|----------|------|---|---------|
| | | | |
| | | | |
| | | | |

PRINT NAME _____ SIGNATURE _____ DATE _____

NOTIFICATION AND AGREEMENT

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS EMPLOYMENT APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT, AND IF NOT DISCOVERED BY THE COMPANY UNTIL AFTER BECOMING EMPLOYED, IS GROUNDS FOR, AND MAY RESULT IN IMMEDIATE TERMINATION.

I consent to all of the following pre-employment processes, which are required by the Company and I further understand that the offer of employment is contingent upon my successfully completing all of pre-employment testing:

- a. Driving Record History (review of past driving record)
- b. Drug screen (DOT and Non-DOT applicants)
- c. Previous Employer Drug and Alcohol History (DOT applicants, 49 CFR 382.413)
- d. Physical Examination and Functional Capacity Evaluation (consistent with federal and state law)
- e. Background Check

I agree and understand that this application for employment in no way obligates the Company to employ me.

PRINT NAME _____ SIGNATURE _____ DATE _____



| | |
|--|---|
| Name & Address of Previous Employer: (Print Clearly to Fit in Window) | Employee Name (Print): |
| | Social Security #: |
| | |
| | I, _____ on this date _____ (Signature) |
| | do hereby authorize release the following information as required to Coil Tubing Partners, LLC and its designated agent. <i>Do not write below this line</i> |
| Previous Employer Phone #: | |

POSITION: _____ REHIRE STATUS: ELIGIBLE NOT ELIGIBLE UPON REVIEW

EMPLOYMENT DATES: From _____ To _____ No Record of Employment

Was this applicant employed in a regulated position? YES NO

If yes, what type? FMCSA PHMSA USCG FAA OTHER: _____

ACCIDENTS/INJURIES: (Please check box if DOT incident)

| | |
|------------------------------|--|
| <input type="checkbox"/> DOT | |
| <input type="checkbox"/> DOT | |
| <input type="checkbox"/> DOT | |
| <input type="checkbox"/> DOT | |

Please rate the applicant's performance using the following scale:

5= SUPERIOR 4= EXCELLENT 3= GOOD 2= FAIR 1= POOR 0= NO RESPONSE/NOT APPLICABLE

| PERFORMANCE/BEHAVIOR | RATING | PERFORMANCE/BEHAVIOR | RATING |
|----------------------|--------|-------------------------|--------|
| GENERAL CONDUCT | | ATTENDANCE | |
| SAFETY HABITS | | DRIVING SKILLS | |
| JOB SKILLS | | QUALITY OF WORK | |
| INITIATIVE | | COOPERATION WITH OTHERS | |

ADDITIONAL COMMENTS:

PRINT NAME _____ SIGNATURE _____

DATE _____

The information contained in this document is confidential and proprietary information used for employment purposes only. Do not distribute any of the information contained within this document, with any outside parties without the written approval of Coil Tubing Partners. Any distribution or production of this document may result in the economic disadvantage of Coil Tubing Partners. In the event of an unauthorized distribution or production of this document, the distributor or producer shall be liable to Coil Tubing Partners for any loss, damage, and/or prejudice incurred as a result of the distribution or production.

Corporate

FMCSA - Applicant Authorization to Release Safety Performance History
(As required by 49 CFR Parts 40.25 and 391.23)

THIS RELEASE IS IN ACCORDANCE WITH DOT REGULATION 49 CFR PART 40 AND 391 AND ALLOWED BY SECTION 383 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

| | |
|--|--|
| Name & Address of Previous Employer: (Print Clearly to Fit in Window) | Employee Name (Print): |
| | Social Security #: |
| | |
| | I, _____ on this date _____ |
| | (Signature) |
| Previous Employer Phone #: | do hereby authorize release the following information as required by 49 CFR Parts 40.25 and 391.23 regulated drug/alcohol testing records retained by my previous employer to Coil Tubing Partners, LLC and its designated agent. |

Safety Performance History (Do Not Write Below Line)

| Date of Employment | From: | To: | | |
|---|----------|----------------|------------------------------|--|
| Did he/she drive a commercial motor vehicle for you? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Equipment Operated: <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Straight Truck <input type="checkbox"/> Van <input type="checkbox"/> Reefer <input type="checkbox"/> Bus | | | | |
| Type of Operation: <input type="checkbox"/> Local <input type="checkbox"/> Over the Road <input type="checkbox"/> Both | | | | |
| Accidents: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above. | | | | |
| Date | Location | No of Injuries | No. of Fatalities | HazMat Spill |
| | | | | |
| | | | | |
| | | | | |
| Enclosed is the other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii)). | | | | |
| Any other remarks: | | | | |
| 40.25 requires your answers for this CDL Truck Driver to the following drug/alcohol testing data within the last 2 years: | | | | |
| 1. Did the employee have any DOT alcohol test with a result of 0.04 or higher? | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Did the employee have a verified positive DOT drug test? | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Did the employee refuse to submit to a DOT required drug/alcohol test? (including adulterated or substituted specimens) | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Did the employee have other violations of DOT agency drug/alcohol testing? | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Did a previous employer report a drug/alcohol rule violation to you? | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. If you answered "yes" to any of the above, did the employee complete the return to duty process? _____ | | | | |
| 7. If yes to any question, do you know if a Substance Abuse Professional evaluated applicant? | | | <input type="checkbox"/> N/A | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If applicant was evaluated please provide the name, address and phone for the Substance Abuse Professional: | | | | |

If this person was a not DOT-regulated employee with our company and was not required to possess a Class-A or Class-B CDL for their position, please check here.

Non-DOT Drug/Alcohol Test Results:

Has this applicant/employee ever failed, in the past three (3) years, any company Drug and/or Alcohol test performed under the permissible state law or regulation? If so, please complete the following:

- Did the employee have any Non-DOT alcohol test with a result of 0.04 or higher? YES NO
- Did the employee have any Non-DOT verified positive drug test? YES NO
- Did the employee refuse to submit to any Non-DOT required drug / alcohol test?
(Including adulterated or substituted specimens)? YES NO
- If you answered "yes" to any of the non-regulated questions above, have you reported the proper state and federal agencies as required by the laws that govern the laws that govern YES NO

Designated Representatives Signature: _____ **Title:** _____

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, hereby provide consent to Coil Tubing Partners, LLC to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Coil Tubing Partners, LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Coil Tubing Partners, LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Coil Tubing Partners, LLC to conduct a limited query of the Clearinghouse, Coil Tubing Partners, LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

DISCLOSURE TO CONSUMER

Coil Tubing Partners, LLC

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency.

- Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “Rights Under the Fair Credit Reporting Act”. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

- **Notice to California Applicants:** Under California law, the reports ordered about you for employment purposes within the State of California are defined as “investigative consumer reports.” These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under California Civil Code § 1786.22, you may view the report(s) maintained at iiX during normal business hours. You also may obtain a copy by submitting proper identification and paying the cost of duplication by appearing at iiX in person, by mail, or by telephone. iiX is required to have personnel available to explain the report(s) and to explain any coded information. If you appear in person, you may be accompanied by a person of your choice, if s/he furnishes proper identification.
 - **Notice to Massachusetts Applicants:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING CRIMINAL RECORD INFORMATION.
-

AUTHORIZATION TO OBTAIN INFORMATION

Coil Tubing Partners, LLC

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iix, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's / Employee's Full Name (Print clearly)

Applicant's / Employee's Signature

_____/_____/_____
Date of Signature





AUTHORIZATION & RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize Coil Tubing Partners and its affiliates ("Coil Tubing Partners") and Coil Tubing Partners (ISG) to procure a consumer report and/or investigative consumer report on me for the purpose of employment screening or for determining continued employment. I hereby declare that the answers to the questions on this application are correct and that any misstatement or omission of fact will be sufficient cause for rejection of my application or separation should I become employed by Coil Tubing Partners.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Coil Tubing Partners, by and through ISG including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I have been advised and understand that under the provisions of the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., that any person who produces or causes to be prepared an investigative consumer report on any consumer, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by subsection (a) (1) of section 1681d, shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I understand that proper identification will be required and that I should direct my requests to the company listed below in order to request a copy of my consumer report.

ISG, P.O. Box 61987, Lafayette, Louisiana 70596, 866-936-7569; switchboard@intrepid-security.com

I hereby release and agree to hold harmless, Coil Tubing Partners, ISG and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain valid for future preparation of a consumer report or investigative consumer report for purposes of retention, promotion, or re-assignment unless revoked in writing.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment can be terminated based on any false, omitted or fraudulent information.

If applying for employment in California, Minnesota, Oklahoma, Alaska or New York:

1. I would like a copy of any consumer report regarding me. YES NO

Signature: _____

Legal Printed Name: _____

First Middle (full) Last Suffix

Previous Names / Aliases: _____

Social Security _____ Daytime Phone (_____) _____ Gender* _____

Driver's License _____ State of Issuance _____ Date of Birth _____

Please provide your addresses for the last (7) years. City & State of Birth: _____

Current Address: _____

Street City State/Zip

Former Address: _____

Street City State/Zip

Former Address: _____

Street City State/Zip

- Have you ever been arrested, convicted or adjudicated of a crime? YES NO
Have you ever been convicted in a military court martial? YES NO
Have you ever been sanctioned or had your license suspended or revoked? YES NO
Are you currently under any investigation or pending charge? YES NO

If you answer Yes to any of the questions above, please complete Page 8. Answering Yes to any of the above questions DOES NOT automatically disqualify you from employment.