

# APPLICATION FOR QUALIFICATION



Company Altitude Energy, LLC

Address PO BOX 359, Keenesburg, CO, 80136

## INSTRUCTIONS FOR APPLICANT

Name \_\_\_\_\_

(First)

(Middle)

(Last)

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

\*Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*\*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.*

**Physical Exam Expiration Date:** \_\_\_\_\_

**Current & Three Years Previous Addresses:**

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Have you worked for this company before?  Yes  No

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

### Driver's License (list each driver's license held in the past three years)

License State \_\_\_\_\_ License Type \_\_\_\_\_ License# \_\_\_\_\_

License State \_\_\_\_\_ License Type \_\_\_\_\_ License# \_\_\_\_\_

License State \_\_\_\_\_ License Type \_\_\_\_\_ License# \_\_\_\_\_

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

C. Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No

If the answers to A, B or C is "YES", give details \_\_\_\_\_  
\_\_\_\_\_



# Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr                      Mo/Yr                      Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)                      (City)                      (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Mo/Yr                      Mo/Yr                      Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)                      (City)                      (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

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From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)                      (City)                      (State/Zip)

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From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)                      (City)                      (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

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Mo/Yr                      Mo/Yr                      Present or Last Employer:  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street)                      (City)                      (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

# Employment History

Give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Mo/Yr From \_\_\_\_\_ To \_\_\_\_\_ Present or Last Employer: Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Mo/Yr From \_\_\_\_\_ To \_\_\_\_\_ Present or Last Employer: Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

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Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

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Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Mo/Yr From \_\_\_\_\_ To \_\_\_\_\_ Present or Last Employer: Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

Reason For Leaving \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Were you subject to the FMCSRs\* while employed here?  Yes  No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

Mo/Yr From \_\_\_\_\_ To \_\_\_\_\_ Present or Last Employer: Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State/Zip)

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Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No

*\*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers, or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

# Driving Experience

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Tractor-three trailers (triples)			
Other			

List states operated in, for the last five years: \_\_\_\_\_

List special courses/training competed (PTD/DDC, Haz Mat, etc.): \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

## Accident Record for past three years *(attach sheet if more space is needed)*

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

## Traffic Convictions and Forfeitures for the last three years *(other than parking violations)*

Date	Location	Charge	Penalty

## To Be Read and Signed by Applicant

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file. It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.*

*This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS AND REVIEW RECORD

Driver's Name: \_\_\_\_\_  
(Please Print or Type)

### 391.27 - CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of **ALL** traffic violations (Other than parking violations) for which I have been convicted or forfeited bond or collateral during the **past 12 Months**.

DATE OF CONVICTION	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 on account of any violation required to be listed during the past 12 months.

\_\_\_\_\_ (Date of Certification)      \_\_\_\_\_ (Driver's Signature)

### 391.25 - REVIEW AND EVALUATION OF DRIVER'S RECORD

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the **past 12 months**.

ACTION TAKEN: \_\_\_\_\_

\_\_\_\_\_

Altitude Energy, LLC

PO BOX 359, Keenesburg, CO 80643

\_\_\_\_\_ (Motor Carrier's Name)      \_\_\_\_\_ (Motor Carrier's Address)

\_\_\_\_\_ (Reviewed by Signature)      \_\_\_\_\_ (Date)      \_\_\_\_\_ (Title)



## **DRIVER'S RIGHTS PERTAINING TO RELEASE OF DRIVER INFORMATION UNDER REGULATION 391.23**

Motor carriers have the responsibility to make the following investigations and inquiries with respect to each driver employed, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971.

- (a)(1) An inquiry into the driver's driving record during the preceding three years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those three years; and
- (a)(2) An investigation of the driver's employment record during the preceding three years.
- (b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency as required must be placed in the Driver Qualification File within 30 days of the date the driver's employment begins and be retained in compliance with 391.51.
- (c) Replies to the investigations of the driver's safety performance history must be placed in the Driver Investigation History File within 30 days of the date the driver's employment begins. This goes into effect after October 29, 2004.
- (d) Prospective motor carrier must investigate the information from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. This information must cover general driver identification and employment verification information, data elements as specified in 390.15 for accident involving the driver that occurred in the three-year period preceding the date of the employment application, and any accidents the previous employer may wish to provide.
- (e) Prospective motor carrier must investigate the information from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40.

Drivers have the following rights:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer when applying or as late as 30 days after employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Drivers wishing to request correction of erroneous information in records must send the request for the correction to the previous employer that provided the records. After October 29, 2004, the previous employer must either correct and forward the information to the prospective motor carrier employer or notify the driver within 15 days of receiving the driver's request to correct the data that it does not agree to correct the data. Drivers wishing to rebut information in records must send the rebuttal to the previous employer with instruction to include the rebuttal in the driver's Safety Performance History.

*I acknowledge that I have read and understand the contents of this document*

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver Name (Printed): \_\_\_\_\_

### Authorization to Release

### DOT Drug & Alcohol Results & Safety Performance History

(As required by 49 CFR Parts 40.25 and 391.23)



Applicant/Employee: \_\_\_\_\_ LAST 4 SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Company: Altitude Energy, LLC

I understand that as a condition of hire with the above named "Company", that I must consent to releasing my safety performance history as required by FMCSA, including the release of all DOT mandated drug and alcohol information from all of the employers (and, if applicable, their respective agents or consortium/third-party administrators) for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle. PTC Assist LLC, acting as the service agent/representative for the hiring Company, will receive the information.

\_\_\_\_\_ (Y/N) Have you worked in a DOT safety-sensitive position for a DOT regulated company OR taken a DOT pre-employment Drug or alcohol test in the past three years?

\_\_\_\_\_ (Y/N) Have you tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire you in the past three years? (If YES, indicate below.)

I hereby authorize the following previous employer/company (and, if applicable, their respective agents or consortium/third-party administrators) to furnish to PTC Assist my safety performance history as required by Section 391.23 of the Federal Motor Carrier Safety Administration regulations and the following DOT information:

1. Any DOT alcohol tests with a result of 0.04 or greater;
2. Any DOT verified positive drug test results;
3. Refusals to be tested (incl. adulterated or substituted results);
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a DOT drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a DOT rule violation.

Previous DOT Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_

Job Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

*(Complete additional form for each previous DOT employer in last 3 years)*

\_\_\_\_\_  
**Signature of Applicant/Employee**

\_\_\_\_\_  
**Date**

**Authorization to Release**  
**DOT Drug & Alcohol Results & Safety Performance History**  
(As required by 49 CFR Parts 40.25 and 391.23)



**Applicant/Employee:** \_\_\_\_\_ **LAST 4 SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Company:** Altitude Energy, LLC

I understand that as a condition of hire with the above named "Company", that I must consent to releasing my safety performance history as required by FMCSA, including the release of all DOT mandated drug and alcohol information from all of the employers (and, if applicable, their respective agents or consortium/third-party administrators) for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle. PTC Assist LLC, acting as the service agent/representative for the hiring Company, will receive the information.

\_\_\_\_\_ **(Y/N)** Have you worked in a DOT safety-sensitive position for a DOT regulated company OR taken a DOT pre-employment Drug or alcohol test in the past three years?

\_\_\_\_\_ **(Y/N)** Have you tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire you in the past three years? (If YES, indicate below.)

I hereby authorize the following previous employer/company (and, if applicable, their respective agents or consortium/third-party administrators) to furnish to PTC Assist my safety performance history as required by Section 391.23 of the Federal Motor Carrier Safety Administration regulations and the following DOT information:

1. Any DOT alcohol tests with a result of 0.04 or greater;
2. Any DOT verified positive drug test results;
3. Refusals to be tested (incl. adulterated or substituted results);
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a DOT drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a DOT rule violation.

**Previous DOT Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Job Position:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_ **to** \_\_\_\_\_

*(Complete additional form for each previous DOT employer in last 3 years)*

\_\_\_\_\_  
**Signature of Applicant/Employee**

\_\_\_\_\_  
**Date**





**VIII. Appendix A - Acknowledgement/Receipt Form**

I acknowledge, by signing this form, that my full compliance with the Anti-Drug and Alcohol Misuse Prevention Plan (the “Plan”) and DOT drug and alcohol regulation requirements is a condition of my initial and continued employment with the Company. I understand and agree that I may be discharged or otherwise disciplined for any drug and/or alcohol violation, committed by me, as cited in the Plan and/or in the DOT drug and alcohol regulatory requirements.

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the Company and DOT drug and alcohol program. I have also been provided with informational material on the dangers and problems of drug abuse and alcohol misuse.

**Signed, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**Employee Name (Please Print)**

\_\_\_\_\_  
**Employee Signature**



## Appendix - B

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ALTITUDE ENERGY, LLC

### **Acknowledgment, Waiver, Agreement & Receipt of Substance Abuse Policy & Procedures**

I, the undersigned employee of ALTITUDE ENERGY, LLC, hereby certify that I have been furnished with a copy of the ALTITUDE ENERGY, LLC Substance Abuse Policy & Procedures and that I have read and understand same. I further certify that I have been provided with informational material, education and training on the dangers and problems of drug and alcohol misuse.

I am fully aware, and agree that I may be discharged or otherwise disciplined for any violation by me of said Substance Abuse Policy & Procedures, for any failure or refusal to provide urine and/or breath specimens when requested by my employer, for the failure or refusal to identify and certify same, for the failure to cooperate with the forms and other documents, and/or for any other failure or refusal to cooperate with my employer in its said Substance Abuse Policy & Procedures.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee ID # (last 4 digits)



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

I \_\_\_\_\_, hereby provide consent to **Altitude Energy** 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 at any point during my employment with **Altitude Energy**.

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

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**SEVEN-DAY PRIOR LOG FORM**  
(data sheet for new, casual, or temporary drivers)

NAME: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

***Instructions:***

*At the time of initial employment as a driver, or when being employed occasionally, the regulations of the Department of Transportation [Section 395.8 (j)(2)] require the motor carrier to obtain from you a signed statement giving the total time on duty during the immediately preceding 7 days and the time at which you were last relieved from duty prior to beginning work for the motor carrier. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.*

DAY	1	2	3	4	5	6	7	TOTAL
DATE								
HOURS WORKED								

*I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:*

\_\_\_\_\_ on \_\_\_\_\_  
time day month year

Employee Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representative



IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS  
FROM THE PSP *Online Service*

In connection with your application for employment with Altitude Energy, LLC, it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). If the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or n whole on this report. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Altitude Energy, LLC, to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <http://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

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I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

**NOTICE:** This form is made available to monthly account holders by NICT solely for the use as an example of template content. NICT assumes no legal liability or responsibility for the accuracy, completeness or currency of the information disclosed in this example. The intent of the template example is to illustrate for a monthly account holder an example of a driver consent form related to PSP, but all monthly account holders and third party information providers should consult their own legal counsel with respect to the proper format and content of this notice.



**Appendix – B**

**Acknowledgment, Waiver, Agreement & Receipt of Substance Abuse Policy & Procedures**

I, the undersigned employee of **Altitude Energy LLC**, hereby certifies that I have been furnished with a copy of the **Altitude Energy LLC** Substance Abuse Policy & Procedures and that I have read and understand same. I further certify that I have been provided with informational material, education and training on the dangers and problems of drug and alcohol misuse.

I am fully aware, and agree that I may be discharged or otherwise disciplined for any violation by me of said Substance Abuse Policy & Procedures, for any failure or refusal to provide urine and/or breath specimens when requested by my employer, for the failure or refusal to identify and certify same, for the failure to cooperate with the forms and other documents, and/or for any other failure or refusal to cooperate with my employer in its said Substance Abuse Policy & Procedures.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Employee Name (Please Print): \_\_\_\_\_

Employee Signature : \_\_\_\_\_

Employee ID # (last 4 digits): \_\_\_\_\_



**Safety Policy**

It is the policy of **Altitude Energy LLC** that the safety of its employees and the public is of chief importance. The prevention of accidents and injuries takes precedence over expedience. In the conduct of our business, every attempt will be made to prevent accidents from occurring. **Altitude Energy LLC** requires that its employees, as a condition of employment, comply with applicable safety regulations as listed in the organization's policy manual.

Any member of **Altitude Energy LLC** management/owners is a contact for safety-related matters. All employees will receive an orientation to the safety policy and rules upon initial employment, and are encouraged to bring to the attention of their immediate supervisor any unsafe conditions or practices. Supervisors will communicate these concerns to the safety coordinator, who will respond to this concern within 24 hours.

The management of **Altitude Energy LLC** will be actively involved with employees in establishing and maintaining an effective safety program. The members of our management team will participate with you in ongoing safety and health program activities.

**Employer Responsibilities:**

- **Provide a safe workplace**
- **Provide safety and health education and training**
- **Annually review and update workplace safety rules**

**Employee Responsibilities:**

- **Report all unsafe conditions**
- **Immediately report all work-related injuries**
- **Wear the required personal protective equipment**
- **Abide by the organization's safety rules at all times**

**Employee's Printed Name:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**The signed original copy of this acknowledgment should be given to management and it will be filed in your personnel file.**



**Receipt of Sexual Harassment Policy**

It is Altitude Energy LLC policy to prohibit harassment of any employee by any Supervisor, employee, customer or vendor on the basis of sex or gender. The purpose of this policy is not to regulate personal morality within the Company. It is to ensure that at the Company all employees are free from sexual harassment. While it is not easy to define precisely what types of conduct could constitute sexual harassment, examples of prohibited behavior include unwelcome sexual advances, requests for sexual favors, obscene gestures, displaying sexually graphic magazines, calendars or posters, sending sexually explicit e-mails, text messages and other verbal or physical conduct of a sexual nature, such as uninvited touching of a sexual nature or sexually related comments.

Depending upon the circumstances, improper conduct also can include sexual joking, vulgar or offensive conversation or jokes, commenting about an employee's physical appearance, conversation about your own or someone else's sex life, or teasing or other conduct directed toward a person because of his or her gender which is sufficiently severe or pervasive to create an unprofessional and hostile working environment.

If the employee feels that he or she has been subjected to conduct which violates this policy, the employee should immediately report the matter to the Employee's Supervisor. If unable for any reason to contact this person, or if the employee has not received a satisfactory response within five (5) business days after reporting any incident of perceived harassment, the employee should contact any member of management. If the person toward whom the complaint is directed is one of the individuals indicated above, the employee should contact any higher-level manager in his or her reporting hierarchy. Every report of perceived harassment will be fully investigated and corrective action will be taken where appropriate. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the Company will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. If an employee feels that he or she has been subjected to any such retaliation, the employee should report it in the same manner in which a claim of perceived harassment would be reported under this policy. Violation of this policy including any improper retaliatory conduct will result in disciplinary action, up to and including discharge. All employees must cooperate with all investigations.

**I have read and I understand Altitude Energy LLC Sexual Harassment Policy.**

Employee's Printed Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**The signed original copy of this receipt should be given to management and it will be filed in your personnel file.**





**General Handbook Acknowledgment**

This Employee handbook is an important document intended to help you become acquainted with **Altitude Energy LLC**. This document is intended to provide guidelines and general descriptions only; it is not the final word in all cases. Individual circumstances may call for individual attention.

Because the Company's operations may change, the contents of this handbook may be changed at any time, with or without notice, in an individual case or generally, at the sole discretion of management.

Please read the following statements and sign below to indicate your receipt and acknowledgment of this Employee handbook.

I have received and read a copy of Altitude Energy LLC Employee handbook. I understand that the policies, rules and benefits described In It are subject to change at the sole discretion of the Company at any time.

I further understand that my employment is terminable at will, either by myself or the Company, with or without cause or notice, regardless of the length of my employment or the granting of benefits of any kind.

I understand that no representative of **Altitude Energy LLC** other than the CEO may alter "at will" status and any such modification must be in writing and signed.

**I understand that my signature below indicates that I have read and understand the above statements and that I have received a copy of the Company's Employee handbook.**

**Employee's Printed Name:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**The signed original copy of this acknowledgment should be given to management and it will be filed in your personnel file.**



**Receipt of Non-Harassment Policy**

It is Altitude Energy LLC policy to prohibit intentional and unintentional harassment of any individual by another person on the basis of any protected classification including, but not limited to, race, color, national origin, disability, religion, marital status, veteran status, sexual orientation or age. The purpose of this policy is not to regulate our employees' personal morality, but to ensure that in the workplace, no one harasses another individual.

If an employee feels that he or she has been subjected to conduct which violates this policy, he or she should immediately report the matter to the Employee's Supervisor. If the employee is unable for any reason to contact this person, or if the employee has not received a satisfactory response within five (5) business days after reporting any incident of what the employee perceives to be harassment, the employee should contact any member of management. If the person toward whom the complaint is directed is one of the individuals indicated above, the employee should contact any higher-level manager in his or her reporting hierarchy. Every report of perceived harassment will be fully investigated and corrective action will be taken where appropriate. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the Company will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. If an employee feels he or she has been subjected to any such retaliation, he or she should report it in the same manner in which the employee would report a claim of perceived harassment under this policy. Violation of this policy including any improper retaliatory conduct will result in disciplinary action, up to and including discharge. All employees must cooperate with all investigations.

**I have read and I understand Altitude Energy LLC Non-Harassment Policy.**

**Employee's Printed Name:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**The signed original copy of this receipt should be given to management and it will be filed in your personnel file.**



**Safety Manual Receipt**

I, \_\_\_\_\_ acknowledge receipt of this copy of the **Altitude Energy LLC** Safety Manual. I understand that it is my duty to read, study, and abide by these safety rules and work procedures and other employer policies and procedures as they apply to the duties that I shall perform for whichever **Altitude Energy LLC** customer that I am doing work for.

I further understand that failure to abide by these rules, the employer rules and proper procedures, shall result in disciplinary action as determined by the employer policy.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**CELL PHONE USE POLICY**

**Please read the Distracted Driving Policy, sign and return to your supervisor.**

In order to increase employee safety and eliminate unnecessary risks behind the wheel, **Altitude Energy LLC** has enacted a Distracted Driving Policy, effective February 2018. We are committed to ending the epidemic of distracted driving, and have created the following rules, which apply to any employee operating a company vehicle or using a company-issued cell phone while operating a personal vehicle:

- Company employees may not use a hand-held cell phone while operating a vehicle - whether the vehicle is in motion or stopped at a traffic light.
- If company employees need to use their phones, they must pull over safely to the side of the road or another safe location.
- Additionally, company employees are required to:
  - o Consider modifying voice mail greetings to indicate that you are unavailable to answer calls or return messages while driving.
  - o Inform clients, associates and business partners of this policy as an explanation of why calls may not be returned immediately.
- Consequences of not following this policy will result in being written up and/or possible suspension depending on circumstances and manager discretion for any repeat offenses.

**I acknowledge that I have received a written copy of the Distracted Driving Policy, that I fully understand the terms of this policy, that I agree to abide by these terms, and that I am willing to accept the consequences of failing to follow the policy.**

**Employee Signature:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



### Fleet Vehicle Use Policy

I, \_\_\_\_\_ . understand and acknowledge that part of my job responsibilities may include the operation of a Company vehicle and a personal vehicle to get to and from work. As a driver of a company vehicle or personal vehicle used in the course of business duties, I acknowledge and agree to adhere to the following and accept these terms as a condition of employment :

#### Operators of Company Vehicles - Conditions and Requirements

1. Operate Vehicles in a safe manner and in compliance with all applicable laws.
2. Immediately report all incidences, including but not limited to accidents, property damage, theft, loss, etc. suspensions, revoked or suspended license, arrests, etc
3. Maintain a current and valid operator's license with insurance
4. Transport Company personnel and property only.
5. Company vehicles are not for personal use.
6. Immediately report all maintenance and/or safety issues.
7. Maintain the vehicle in a safe and clean condition at all times
8. Lock and secure the vehicle at all times ..
9. Perform required vehicle inspections per Company policies and procedures.
10. Adhere to all applicable DOT regulations.
11. Responsible for all content including but not limited to: Equipment, tools, supplies, documents. money. credit cards and other company assets.
12. All fuel purchased on my company card will be purchased for the company vehicle. I am responsible for turning in an itemized receipt from the pump for this fuel.
13. I will not allow any other drivers to drive the company vehicle.
14. Not to exceed the posted speed limit.
15. Purchase most economic fuel as recommended by manufacturer grade.
16. I will not smoke any tobacco products in the vehicle or while driving
17. I will not text or perform other activities while driving that may distract me.
18. Do nothing to disable or interfere with the GPS tracking system on the vehicle. If there is an anticipated issue.
19. Fill the fuel tank if less than 1/2 full.
20. Not drive if medically unable.
21. Report any personal or physical conditions that change the employees ability to operate a vehicle in a safe and legal manner and stop driving immediately.

#### Operators of Personal Vehicle:

Applies to employees who use personal vehicles in the course of performing their regular job duties. Includes but not limited to branch and department manager and sales personnel.

1. Maintain adequate insurance coverage, including but not limited to, bodily injury and property damage or the minimum required by state law. Provide proof of insurance if requested by the Company.
2. Maintain my vehicle in a safe working condition at all times.
3. Immediately report all vehicles related incidents, including but not limited to accidents, property damage, and injuries that occur while in the course of work.



4. Immediately report all driving related incidences, including but not limited to citations, tickets, suspensions, revoked license, arrest, etc. regardless if incident occurs during the performance of work or during personal time
5. Operate Vehicles in a safe manner and in compliance with all applicable laws.

**I acknowledge and accept the following:**

1. The Company may at its discretion, run MVR checks and that any of the following can result in disciplinary action including termination:
  - a. Excess moving violations
  - b. Suspended/revoked license
  - c. Serious violations, including but not limited to, DUI, reckless driving, excess speeding, criminal arrest, etc
2. In the event I am involved in an auto loss and/or issued a citation
  - a. acknowledge that I must attend a "driver safety class" per the following terms;
  - b. I am responsible for the cost of the course.
  - c. Time away from work will be applied to PTO or unpaid or I must schedule the class during non-work hours.
  - d. Must attend and complete the course within 45 days of the event that has resulted in my having to take the class.
  - e. Failure to attend and successfully complete the class will result in my termination from employment.
  - f. Not permitted to drive company vehicle to said class.

**Rental Vehicles:**

1. Rental vehicles are to be rented in the Company name in order for Company coverage to be effective. Failing to rent a vehicle in the Company name will not provide insurance coverage or reimbursement for expenses associated with vehicle damage or financial liability.

FAILURE TO ADHERE TO THE ABOVE REFERENCED ITEMS WILL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Altitude Energy, LLC

## New Employee Designated Provider Notification Letter

**To: All Employees**

Date: 03/01/2021

Subject: Designated Medical Providers for Work-Related Injuries and Illnesses

**All employees must obtain treatment of work-related injuries and illnesses from one of the following medical providers:**

**1. Name:** Phillip Abston/ General Practice  
**Address:** 1122 50th Ave  
**City, State & Zip:** Greeley, CO 80634  
**Phone:** 970 396-6994

**2. Name:** Susan Beck, MD / Urgent Care Clinic  
**Address:** 2001 70<sup>th</sup> Ave Ste 110  
**City, State & Zip:** Greeley, CO 80634  
**Phone:** 970-810-4155

**3. Name:** Advanced Urgent Care  
**Address:** 112 S Denver Ave  
**City, State & Zip:** Fort Lupton, CO 80621  
**Phone:** 303 558-0501

**4. Name:** Nextcare Urgent Care  
**Address:** 1011 39<sup>th</sup> Avenue Suite A  
**City, State & Zip:** Greeley, CO 80634  
**Phone:** 970-351-8181

In the event of a life- or limb-threatening emergency, the injured employee will be sent to the nearest emergency medical facility. One of the medical providers designated above must provide all follow-up care.

If an unauthorized medical provider treats an employee, the employee will be responsible for payment for said treatment.

**I have read and am fully aware of the organization's policy regarding medical treatment for work-related injuries and illnesses. I further understand that I must immediately report any work-related injury to my supervisor.**

**All employees must sign below, acknowledging this policy.**

**Employee Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Due to the cost of on-boarding, Altitude Energy, LLC policy effective 10-21-2020, if you resign or quit in your first 60 days we (Altitude Energy, LLC) will hold \$150.00 out of your final paycheck, the cost associated with the hiring process.

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Employee Signature

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Date





## EMERGENCY CONTACT

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Phone Relationship: \_\_\_\_\_

Miscellaneous:      Shirt Size \_\_\_\_\_

Hot Glove and Sleeve Size \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name



# Employee's Withholding Certificate

▶ **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.**

**2022**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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](http://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](http://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.)

<b>Step 3:</b> <b>Claim Dependents</b>	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 . . . . .	<b>3</b>	\$
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<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ _____ ▶ <b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## 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](http://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](http://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](http://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