

<input type="checkbox"/> JMAC Resources	<input type="checkbox"/> JMAC Ready-Mix
<input type="checkbox"/> IHD Liquids	<input type="checkbox"/> IHD Solids
<input type="checkbox"/> JCO	<input type="checkbox"/> Pronghorn, LLC
<input type="checkbox"/> WDW	<input type="checkbox"/> _____

Company must be indicated above or form will be returned to individual completing it.

Request to Rehire Employee

Note: Supervisors must complete this form and turn it in to HR. Requests will be reviewed, and supervisors will be notified as to whether the request was approved or denied. Please do not indicate to anyone that this request has been approved until that is actually the case. Please complete this page and if approved, the Safety Training needs on page 2. You must consult HR to several of the questions below.

Potential rehire's name:			
Individual completing this application:			
Potential rehire's phone number:		Potential rehire's position:	
Potential rehire's prior supervisor:		Potential rehire's New Supervisor:	
What dates did this individual previously work for JMAC (or affiliate company)? From: _____ To: _____			
Prior Termination Date:		Was Termination?	Voluntary Involuntary
Did prior termination form list them as Eligible Ineligible for rehire?			
Did the employee abuse his/her privilege of company housing? * No Yes			
<i>*Supervisor needs to contact the housing department to determine whether or not he/she is welcome back in company housing</i>			
Did the employee abuse company property? (Vehicles, Equipment etc.) No Yes (if Yes, attach write up)			
Did he/she leave the company in good standing? Yes No(if No, attach write ups)			
Did the employee have any documented safety related incidents that would make them ineligible for rehire? No Yes (if Yes, attach write ups)			
Will this position oversee other employees? No Yes (if yes, they must attend supervisor training)			
If rehired, what would you like this individual's starting pay to be?			
Does the individual need company housing? Yes No		Is this Individual: DOT Non-Dot	
Indicate <u>date</u> (not ASAP) you want this individual to start working?			
Will this employee be excluded from the moving violations criteria? If yes, please explain:		Yes	No
Does this individual need a PEC SafeLand card?		Yes	No
Does this individual need Zonar Training?		Yes	No

FOR HR USE ONLY:	
Request Response	This request is: <input type="checkbox"/> approved <input type="checkbox"/> denied (If denied, please state a brief reason below):

_____	_____
<i>General Manager</i>	<i>Date of Approval</i>
Notice of approval or denial sent to supervisor on: _____(date)	
<i>HR ~ upon receipt retain page (1) one with employee file and send page (2) two to Safety Department prior to orientation class.</i>	

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> JMAC | <input type="checkbox"/> JMAC Ready Mix |
| <input type="checkbox"/> IHD Liquids | <input type="checkbox"/> IHD Solids |
| <input type="checkbox"/> JCO | <input type="checkbox"/> Pronghorn, LLC |
| <input type="checkbox"/> WDW | <input type="checkbox"/> _____ |

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Rehire Safety Training Needs

Supervisors, after approval please complete this page and submit to HR with page one (Request to Hire).

Rehire's name:			
Rehire's contact number:			
Rehire's position:			
Rehire's Email Address			
Who is this employee's direct supervisor?			
Potential rehire's division (ie: construction, crushing, frac heater, etc.)			
Has he/she attended PEC Safeland Training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this individual need One Basin?		Yes	No
Does he/she carry a CDL?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
		If yes: <input type="checkbox"/> Hot Shot	<input type="checkbox"/> Class B <input type="checkbox"/> Class A

Supervisors please check any anticipated equipment training needs for this employee:

<input type="checkbox"/> Side dump	<input type="checkbox"/> Pneumatics	<input type="checkbox"/> Scraper	<input type="checkbox"/> Horizontal Directional Drill
<input type="checkbox"/> Lowboy	<input type="checkbox"/> Trencher	<input type="checkbox"/> Dozer	<input type="checkbox"/> Backhoe Loader
<input type="checkbox"/> Belly Dump	<input type="checkbox"/> Excavator	<input type="checkbox"/> Compactor	<input type="checkbox"/> Aerial Lift
<input type="checkbox"/> End Dump	<input type="checkbox"/> Skid Steer	<input type="checkbox"/> Articulating Truck	<input type="checkbox"/> Forklift
<input type="checkbox"/> Water Truck	<input type="checkbox"/> Tele-handler	<input type="checkbox"/> Highway Truck	<input type="checkbox"/> Hydrogen Sulfide
<input type="checkbox"/> Vac Truck	<input type="checkbox"/> Wheel Loader	<input type="checkbox"/> Motor Grader/Blade	<input type="checkbox"/> Respirator Fit Test
<input type="checkbox"/> Mixer Truck	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Heater Truck	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Supervisors please check any anticipated client specific training needs for this employee:

<input type="checkbox"/> Hess	<input type="checkbox"/> Hunt	<input type="checkbox"/> Oasis	<input type="checkbox"/> Conoco
<input type="checkbox"/> XTO	<input type="checkbox"/> Whiting	<input type="checkbox"/> One Basin	<input type="checkbox"/> Enbridge
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> ISN NUMBER: _____

Comments or special training needs: