

- | | |
|---|---|
| <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 Hire a New Employee

Note: Supervisors may complete this form at any time and return it 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.

Potential new hire's name:	
Potential new hire's phone number:	
Potential new hire's position:	
Individual completing this application:	
Who would this employee's direct supervisor be if he/she is hired?	
If hired, what would you like this individual's starting pay to be?	
Does the individual need company housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this Individual: <input type="checkbox"/> DOT <input type="checkbox"/> Non-Dot
Indicate <u>date</u> (not ASAP) you want this individual to start working:	
Will this position oversee other employees? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, they must attend supervisor training)	
Will this employee be excluded from the moving violations criteria? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this individual need a PEC SafeLand card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this applicant related to an active/inactive JMAC/IHD/OSM/WDW employee? If so, in what capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this individual need Zonar Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this individual need a Fuel Pin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation of why this individual will be a good employee for JMAC:	
Request Response This request is: <input type="checkbox"/> approved <input type="checkbox"/> denied	

FOR HR USE ONLY:

If denied, please state a brief reason:

Jon McCreary, President; or GM; or Company Designee

Date of Approval

Notice of approval or denial sent to supervisor on: _____(date)

*HR ~ upon receipt retain page (1) one with employee file and
send page (2) two to Safety Department prior to New Employee orientation.*

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<input type="checkbox"/> WDW	<input type="checkbox"/> _____

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

New Hire Safety Training Needs

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

New hire's name:	
New hire's contact number:	
New hire's e-mail address:	
New hire's position:	
Who is this employee's direct supervisor?	
Potential hire's division (ie: construction, crushing, frac heater, etc.)	
Has this employee attended PEC Safeland Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this employee hold 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
Does this employee need Zonar Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this employee need One Basin?	Yes No

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 Way	<input type="checkbox"/> Enbridge
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> ISN NUMBER: _____

Comments or special training needs: