

# APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

Directions: Type or print in blue or black ink. Answer all questions which are applicable. Please do not state "See Resume".

PERSONAL INFORMATION			
Last Name	First Name	Middle	
Address	City	State	Zip
Phone	Day Phone (if Different)	Social Security Number	
Fax Number	E-Mail Address		

## EMPLOYMENT INFORMATION

Position for which you are applying \_\_\_\_\_

Are you employed at the present time? \_\_\_\_\_ If yes, please complete the information below

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

1. How long have you been with this employer? \_\_\_\_\_ Present Salary: \_\_\_\_\_
2. If offered a position, when can you report for work? \_\_\_\_\_
3. If hired can you show proof of your legal right to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you ever been dismissed, or asked to resign from any position? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you ever been convicted of a felony, or a misdemeanor which resulted in imprisonment? A yes answer to the above question does not necessarily disqualify an applicant from employment. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to number 4 or 5, please explain: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

Please list on the following lines all schools attended and any other pertinent information about your education.

School(s)	Subjects Studied (if applicable)
High School	
College (Including dates attended)	

## APPLICATION COMPLETION

1. This application needs to be completed and signed EVERYWHERE a signature is required.
2. This application, along with a copy of your Drivers License, ID card or Resident Alien Card, and your Social Security card must be turned in no later than Monday following the first day of employment.
3. Form W-4 needs to be completed and signed. Put your number of allowances (dependents) on line 5 of the bottom section. The top portion in only a worksheet.
4. The I-9 form requires that you complete only the top portion and sign it. Concho Valley Roustabout will complete the bottom section.
5. **BE SURE YOU SIGN EVERY FORM WHERE A SIGNATURE IS REQUIRED!**

We will not issue a paycheck until all the paperwork has been completed, signed, and returned to Concho Valley Roustabout. By law, we MUST have copies of your ID and Social Security card BEFORE we can pay you.

Paychecks will be available on Friday afternoons after 4:00 pm. They will be in the pusher's mailboxes located on the wall in the shop.

Learn your pusher's full name and phone number. He keeps up with the hours you work, but it is also your responsibility to make sure they are correct. All corrections need to be made by Tuesday afternoon.

Uniforms are available after you have been here 90 days and paid a \$200.00 deposit, which can be deducted in increments from your paycheck.

In case of emergency, please contact: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second contact name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

## COMPANY POLICY ADDENDUM

1. **ABSOLUTELY NO** drugs or alcohol will be consumed before or during working hours or while in possession of a company vehicle or company property. Should you be found to be in violation, you will be dismissed immediately with no questions asked. You are reminded that there is a Drug Policy in effect.
2. You are required to report to work at the time your gang pusher tells you. Should you fail to report to work without calling, or if you are late and do not call, you will be placed on "Probation". Should it happen a second time, you will be dismissed.
3. Paychecks are distributed on Friday-**NO EXCEPTIONS**. Time for the previous week is also posted on Monday and it is your responsibility to make sure that the time is correct. Any differences need to be reported to your gang pusher and to the office.
4. Advances and loans will not be made.
5. Any company property in your possession is your responsibility. Should you lose any tools or damage company property, you will be responsible for the replacement. This applies to wrenches, hammers, wheelbarrows, generators, mobile phones, radios, and the truck itself. You are also responsible for your uniforms, which must be brought to the shop every Monday for exchange. You will not receive your final check until all tools and uniforms are accounted for.
6. You will NOT remove any property from a customer's lease unless specifically instructed to do so by the customer, his representative, or Fernando Falcon. Any parts, valves, connections, etc., which appear to be junk will remain on the lease unless you are instructed otherwise.
7. The company vehicle is just that – A COMPANY VEHICLE. It is to be used only for company business and to and from work. UNDER NO CIRCUMSTANCES IS THE VEHICLE TO BE USED UNLESS THE TIME IS BEING CHARGED AS A LEGITIMATE JOB TO A CUSTOMER. UNAUTHORIZED USE OF THE COMPANY VEHICLE WILL RESULT IN TERMINATION.

**I HAVE READ AND UNDERSTAND THE ABOVE POLICIES. I AGREE TO ABIDE BY THE POLICIES AS STATED AND UNDERSTAND THAT IF I DO NOT, IT IS GROUNDS FOR IMMEDIATE DISMISSAL. THIS DOES NOT REPLACE THE EMPLOYEE HANDBOOK OR COMPANY DRUG POLICY.**

SIGNED: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE:

## WAGE DEDUCTION AUTHORIZATION AGREEMENT

I, hereby authorize Concho Valley Roustabout, ("Company"), to deduct money from my pay from time to time for any lawful reason, including but not limited to the reasons that follow:

1. My share of the premiums for the Company's group medical, vision, and dental plans;
2. My share of the premiums for the Company's group life insurance, short term disability and long term disability plans;
3. Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the Company;
4. If I receive an overpayment of wages for any reason, repayment to the Company of such overpayment;
5. The cost to the Company of personal long-distance calls I may make on Company phones or on Company accounts, or of non-work related access to the Internet or other computer networks by me using Company equipment or Company accounts;
6. The cost of any unauthorized expenditures on Company credit cards issued to me;
7. The cost of repairing or replacing any Company supplies, materials, equipment, money, or other property that I may damage, (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment; also for willful or intentional damages to company or customer property;
8. The cost of Company uniforms and of cleaning the uniforms;
9. Administrative fees in connection with court ordered garnishments or legally required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws;
10. If I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered;
11. The value of any time off for absences to which paid leave is not applied (non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day at a time); and
12. Any other debts I owe the Company.

I agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur.

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

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

## COMPANY VEHICLE POLICY

Effective immediately, and until revoked in writing, all employees are advised that while a company vehicle is in their possession, they are to drive it ONLY during business hours for Company related business, and to and from the work place. Misuse of the company vehicle will be grounds for immediate dismissal.

You are **NOT** to use the Concho Valley Roustabout vehicle for any business that is not billable by Concho Valley Roustabout. Some employees have small jobs they conduct after hours and on weekends. The company vehicle is **NOT TO BE USED** unless Concho Valley Roustabout is billing for the services. You are **NOT** to use the company issued gas card for fuel, or the company vehicle while conducting personal business.

While in a company vehicle, possession or consumption of illegal or prohibited drugs, drug paraphernalia or alcohol, will not be tolerated and shall be grounds for immediate termination.

No person, other than the employee assigned to drive the company vehicle will drive the vehicle. The vehicle will **NOT** be "loaned" to any relative, friend, or other employee unless that employee is approved to drive the vehicle. **THERE ARE NO EXCEPTIONS.**

When applicable, it is the employee's responsibility to complete logbooks daily and conduct pre-trip inspections and post-trip inspections. The logbook must be correct. Concho Valley Roustabout is required to keep the books on file. The logbooks must be accurate. In the event you are given a ticket for a violation that could have been corrected when doing the inspections, the employee will be responsible for paying the fine, i.e., no tail lights, head lights out, no turn signal, no seatbelt. Concho Valley Roustabout **DOES NOT PAY SPEEDING TICKETS.**

Concho Valley Roustabout endeavors to provide a safe environment for their employees in addition to complying with all State and Federal laws. To that end, we are re-stating our position on the personal use of company vehicles. **THERE IS NO PERSONAL USE OF COMPANY VEHICLES FOR ANY REASON.**

Concho Valley Roustabout runs a motor vehicle record on every employee at time of hire. Anyone who is hired by the company must sign a release to have their record checked. Anyone who does not have a valid drivers license is prohibited from driving a company owned vehicle at any time, no exceptions. **DRIVING A COMPANY OWNED VEHICLE WITHOUT A VALID DRIVERS LICENSE IS GROUNDS FOR IMMEDIATE DISMISSAL. ANY AND ALL DAMAGES ACCRUED WHILE AN EMPLOYEE IS DRIVING A COMPANY OWNED VEHICLE WITHOUT A VALID DRIVERS LICENSE WILL BE THE EMPLOYEES RESPONSIBILITY.**

I have read and understand this policy and agree to abide by the rules set forth.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

# CONCHO VALLEY ROUSTABOUT DRUG AND ALCOHOL POLICY

All persons attempting to gain employment with Concho Valley Roustabout must pass a pre-employment drug screening before being offered a position.

All employees of Concho Valley Roustabout are subject to random illegal substance, synthetic substances and/or alcohol screenings. There are two pools of drivers from which random employees are selected to submit screenings. The D.O.T. pool is composed of all CDL drivers employed by the company. The non-DOT pool is composed of all other drivers employed by the company. Authorized personnel will conduct these random screenings. All random screenings are computer generated. Random screenings are in accordance with D.O.T. regulations. Random screenings are pulled quarterly, with 13% of the tests being illegal substance tests, and 3% of the test being alcohol tests. These percentages complete the required 50% illegal substance and 10% alcohol screenings per year as required by D.O.T. F.M.C.S.A. Consortium. If an employee is selected for the random screening, he/she has a period of 24 hours to complete the screening with authorized personnel. All CDL drivers must follow the rules and guidelines given to them by D.O.T. at the time their license was issued.

If at any time an accident occurs while working on location, the affected employees must submit a screening for illegal substances, synthetic substances and/or alcohol with authorized personnel or otherwise instructed within 24 hours of the accident, as well as before returning to duty.

Employees may also be asked to submit a screening for illegal substances, synthetic substances and/or alcohol at any time by management due to reasonable cause.

If at any time a positive screening is produced, the employee will face immediate disciplinary action up to and including termination.

It is the policy of Concho Valley Roustabout to provide a safe and healthy environment for all of the employees. In order to execute this policy, Concho Valley Roustabout maintains a zero tolerance outlook on illegal substance, synthetic substances and/or alcohol abuse while employed.

SIGNED AND ACKNOWLEDGED:

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

## CELL PHONE USAGE POLICY

Studies show that cell phone users were 400 to 500 times more likely to get into traffic accidents than those who do not use them. It also stated that hands-free phones did not appear to be any safer than hand-held phones.

Using a cell phone while driving leads to an increased risk of having an accident through the lack of attention to driving, which is the #1 cause of vehicle accidents in America. Cell phone usage is a matter of record and juries are awarding huge settlements to plaintiffs when it is proven that the defendant was using their cell phone at the time of the accident.

Our company policy is as follows:

Cell phones should not be used while operating a vehicle or any type of equipment.

Allow voicemail to handle your calls, then return calls at a safer time.

Pull over to the side of the road if you need to place or receive a call.

Ask a passenger to make or take the call for you.

Inform regular callers of your driving schedule and when you will be available to talk.

Keep your hands on the wheel and your eyes and your mind on the road while driving.

**I have read the above policy and will abide by it.**

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Employee Signature

Concho Valley Roustabout hereby adopts the above stated policy on cell phone usage while driving a company vehicle. All employees are required to sign and return this page.

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Fernando Falcon, Owner

**ATTENTION ALL DRIVERS:**

DOT regulation require a commercial driver license (CDL) when driving a commercial motor vehicle with a weight over 26001 pounds. The majority of our roustabout trucks are 2.5 ton trucks, therefore are under the 26001 pound limit and do not require a CDL. However, if you haul a trailer with a 2.5 ton truck, it becomes over the weight limit, and requires a CDL to drive.

IF YOU DO NOT HAVE A CDL, **DO NOT** OPERATE A VEHICLE/COMBINATION TRUCK AND TRAILER THAT REQUIRES YOU TO HAVE ONE. THIS MEANS, IF YOU DO NOT HAVE A CDL, **DO NOT** PULL TRAILERS WITH A ROUSTABOUT TRUCK OR DRIVE A TRUCK THAT IS OVER THE 26001 POUND THRESHOLD.

As of this point forward, it will be Concho Valley Roustabout policy that if you do not have a CDL and receive a ticket for pulling a trailer with your roustabout truck, or for driving a truck that requires a CDL, **YOU** will be responsible for paying your ticket fine.

If you have any questions, please feel free to contact the office.

Thank you.

Signed and Acknowledged

\_\_\_\_\_

\_\_\_\_\_  
Date



## REQUEST FOR CHECK OF DRIVING RECORD

I, hereby authorize you to release the following information to Concho Valley Roustabout for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

.....  
In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of stated motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-332, Title XXX, Section 300002(a)).

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEAR SIR/MADAM:

The following named person has made application with our company for the position of \_\_\_\_\_ . As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Number and Street City State Zip Code

FORMER ADDRESS: \_\_\_\_\_  
Number and Street City State Zip Code

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

### REQUESTED BY

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Signature

**DRIVER EXPERIENCE AND QUALIFICATIONS**

Do you have any other drivers licenses?

<u>State</u>	<u>License No.</u>	<u>Type</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

Driving Experience:

Dates

<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>From</u>	<u>To</u>	<u>Approx. Mileage</u>
Straight truck _____	_____	_____	_____	_____
Tractor & Semi-Trailer _____	_____	_____	_____	_____
Tractor-two trailers _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

Accident Record for past 3 years:

	<u>Dates</u>	<u>Nature of Accident</u> (head on, rear end, etc.)	<u>Fatalities</u>	<u>Injuries</u>
Last Accident _____	_____	_____	_____	_____
Previous _____	_____	_____	_____	_____
Previous _____	_____	_____	_____	_____

Traffic convictions and forfeitures for the past 3 years (other than parking violations):

<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? No \_\_\_ Yes \_\_\_  
If "yes", please explain \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? No \_\_\_ Yes \_\_\_  
If "yes", please explain \_\_\_\_\_

I certify that the above information has been completed as accurately as possible to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

Year \_\_\_\_\_

**MOTOR VEHICLE DRIVER'S CERTIFICATION  
OF VIOLATIONS**

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

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

\_\_\_\_\_  
Motor Carriers Name

\_\_\_\_\_  
Motor Carriers Address

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Title



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

<b>Section 1. Employee Information and Attestation</b> <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number

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

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

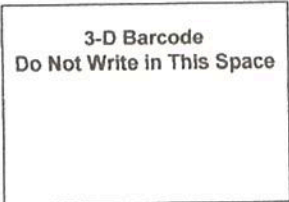
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



**Employer Completes Next Page**



## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode</b> Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

## Certification

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

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

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

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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# Form W-4 (2016)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>

For accuracy, complete all worksheets that apply. {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b style="font-size: 2em;">W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2016</span>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u>      </u> 6 \$ <u>      </u>
7 I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>      </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

**Deductions and Adjustments Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_

2 Enter: { \$12,600 if married filing jointly or qualifying widow(er) }  
 { \$9,300 if head of household } . . . . . 2 \$ \_\_\_\_\_  
 { \$6,300 if single or married filing separately }

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_

4 Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . 4 \$ \_\_\_\_\_

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_

6 Enter an estimate of your 2016 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_

7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_

8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . 2 \_\_\_\_\_

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_

5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_

6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_

9 Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**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 who claims no withholding allowances; 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.

### Electronic Funds Transfer Authorization

I hereby authorize Concho Valley Roustabout, LLC to directly deposit my pay in the bank account(s) listed below in the amounts specified. (If two accounts are designated, deposits are to be made to equal total pay) I have attached a voided check or deposit slip for each account specified below. This authorization is to remain in force until the company has received written authorization from me of its termination or change. Also, I grant Concho Valley Roustabout, LLC the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

**Account #1**    Checking \_\_\_\_\_ Savings \_\_\_\_\_ **(Check only one)**

Financial Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Personal Account Number: \_\_\_\_\_

Amount of pay to be deposited into this account: \_\_\_\_\_

Bank/ABA (or Routing) Number: \_\_\_\_\_ (9 digits)

**Account #2**    Checking \_\_\_\_\_ Savings \_\_\_\_\_ **(Check only one)**

Financial Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Personal Account Number: \_\_\_\_\_

Amount of pay to be deposited into this account: \_\_\_\_\_

Bank/ABA (or Routing) Number: \_\_\_\_\_ (9 digits)