



1706 South Midkiff, Bldg. B  
Midland TX 79701  
DOT #1362582

PO Box 873  
Midland TX 79702  
432/688-0012

PO Box 10688  
Midland TX 79702  
432/688-3976 fax



## EMPLOYMENT APPLICATION

Check one:  CDL Driver License  Non-CDL Driver License  No Driver License

Terminal Location:  N<sub>2</sub> / Coiled Tubing T20  Elk City, OK T2  ND – Drilling T18  Frac Acid T19  
 Frac – Permian T19  Andrews, TX T11  Vernal – Cementing T12  Kermit, TX T10  
 Frac – Pampa T8  TX – Cementing  Vernal – Drilling T13  Corporate Office T1

Today's Date: \_\_\_\_\_ Referred By: \_\_\_\_\_  Newspaper Ad  Workforce Ad  Radio

### GENERAL INFORMATION

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
First Middle Last

Present Address \_\_\_\_\_ How Long (Months) \_\_\_\_\_  
Street City State Zip

List Addresses for Past 3 Years (36 Months Total) \_\_\_\_\_ How Long (Months) \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_ How Long (Months) \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Drivers License # \_\_\_\_\_

Class A  B  C  D  State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Endorsements \_\_\_\_\_

Please list any safe driving awards you have received: \_\_\_\_\_

As required by Section 383.21 of the FMCSR's, I only possess the following motor vehicle license:

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### EDUCATION AND SKILLS

Circle Highest Grade Completed:

First through Ninth Grade  
1 2 3 4 5 6 7 8 9

High School  
10 11 12

College  
1 2 3 4

Graduate School  
1 2 3 4 5 6

Type of School	Name and City/State	From Month/Year	To Month/Year	Did You Graduate?	Type of School	Name and City/State	From Month/Year	To Month/Year	Did you Graduate?
High School					College				
Other					Specialized Training				

### CRIMINAL HISTORY

Have you ever pleaded guilty to or been convicted of a crime, placed on probation, received deferred adjudication or legal judgment for a felony or misdemeanor of offense?

Yes  No

Date: \_\_\_\_\_ Felony  Misdemeanor  Outcome: Jail  Probation  Deferred Adjudication

Description: \_\_\_\_\_

Disclaimer: Answering yes to this question does not necessarily exclude you from employment. Due consideration is given to circumstances surrounding convictions, probation or deferred adjudication.

## DRIVER PAST RECORD

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes  No   
Yes  No

Has any license, permit or privilege ever been suspended or revoked?

Describe: \_\_\_\_\_

## ACCIDENTS (PLEASE COMPLETE ALL QUESTIONS IF APPLICABLE)

Have you been involved in an accident in the past 3 years? (If yes, please complete the information below) Yes  No

1) Date of Accident \_\_\_\_\_ Location (City/State) \_\_\_\_\_ Fine (if any) \_\_\_\_\_ \$

Describe the Accident \_\_\_\_\_

No. of Injuries \_\_\_\_\_ No. of Fatalities \_\_\_\_\_ Was HazMat (other than fuel from tanks) released?  Yes  No

Type of Vehicle Operated \_\_\_\_\_ Type Citation Issued (if any) \_\_\_\_\_

2) Date of Accident \_\_\_\_\_ Location (City/State) \_\_\_\_\_ Fine (if any) \_\_\_\_\_ \$

Describe the Accident \_\_\_\_\_

No. of Injuries \_\_\_\_\_ No. of Fatalities \_\_\_\_\_ Was HazMat (other than fuel from tanks) released?  Yes  No

Type of Vehicle Operated \_\_\_\_\_ Type Citation Issued (if any) \_\_\_\_\_

## CITATIONS

Have you received any citations in the past 3 years? (If yes, please complete the information below) Yes  No

1) Date of Incident \_\_\_\_\_ Location (City/State) \_\_\_\_\_ Fine (if any) \_\_\_\_\_ \$

Describe the Incident \_\_\_\_\_ Type Citation Issued (if any) \_\_\_\_\_

2) Date of Incident \_\_\_\_\_ Location (City/State) \_\_\_\_\_ Fine (if any) \_\_\_\_\_ \$

Describe the Incident \_\_\_\_\_ Type Citation Issued (if any) \_\_\_\_\_

3) Date of Incident \_\_\_\_\_ Location (City/State) \_\_\_\_\_ Fine (if any) \_\_\_\_\_ \$

Describe the Incident \_\_\_\_\_ Type Citation Issued (if any) \_\_\_\_\_

4) Date of Incident \_\_\_\_\_ Location (City/State) \_\_\_\_\_ Fine (if any) \_\_\_\_\_ \$

Describe the Incident \_\_\_\_\_ Type Citation Issued (if any) \_\_\_\_\_

## EMPLOYMENT INFORMATION

List all periods of employment and unemployment, *starting with the most recent*, for the last 3 **years employment history**. If applying for CDL driver position, **7 years additional employment history** will be needed totaling **10 years past employment history** or to the extent of which the applicant has worked. (If additional space is needed, please attach an additional page.)

<b>Employer Name</b> _____		Telephone # ( ) - _____		Facsimile # ( ) - _____	
Address _____			Position _____		
Street _____		City _____	State _____	Zip _____	
Supervisor's Name _____	Employed From _____	To _____	Reason for Leaving _____	Ending Salary _____	
	(month/year)	(month/year)			
CDL Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to the FMCSR's while employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>			

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed (attach 1099)  Other \_\_\_\_\_

**Employer Name** \_\_\_\_\_ Phone # (\_\_\_\_) - \_\_\_\_\_ Fax # (\_\_\_\_) - \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_  
Street City State Zip

Supervisor's Name \_\_\_\_\_ Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving \_\_\_\_\_ Ending Salary \_\_\_\_\_  
(month/year) (month/year)

CDL Required? Yes  No  Were you subject to the FMCSR's while employed? Yes  No  Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes  No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed (attach 1099)  Other \_\_\_\_\_

**Employer Name** \_\_\_\_\_ Phone # (\_\_\_\_) - \_\_\_\_\_ Fax # (\_\_\_\_) - \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_  
Street City State Zip

Supervisor's Name \_\_\_\_\_ Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving \_\_\_\_\_ Ending Salary \_\_\_\_\_  
(month/year) (month/year)

CDL Required? Yes  No  Were you subject to the FMCSR's while employed? Yes  No  Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes  No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed (attach 1099)  Other \_\_\_\_\_

**Employer Name** \_\_\_\_\_ Phone # (\_\_\_\_) - \_\_\_\_\_ Fax # (\_\_\_\_) - \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_  
Street City State Zip

Supervisor's Name \_\_\_\_\_ Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving \_\_\_\_\_ Ending Salary \_\_\_\_\_  
(month/year) (month/year)

CDL Required? Yes  No  Were you subject to the FMCSR's while employed? Yes  No  Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes  No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed (attach 1099)  Other \_\_\_\_\_

**Employer Name** \_\_\_\_\_ Phone # (\_\_\_\_) - \_\_\_\_\_ Fax # (\_\_\_\_) - \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_  
Street City State Zip

Supervisor's Name \_\_\_\_\_ Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving \_\_\_\_\_ Ending Salary \_\_\_\_\_  
(month/year) (month/year)

CDL Required? Yes  No  Were you subject to the FMCSR's while employed? Yes  No  Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes  No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed (attach 1099)  Other \_\_\_\_\_

**Employer Name** \_\_\_\_\_ Phone # (\_\_\_\_) - \_\_\_\_\_ Fax # (\_\_\_\_) - \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_  
Street City State Zip

Supervisor's Name \_\_\_\_\_ Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for Leaving \_\_\_\_\_ Ending Salary \_\_\_\_\_  
(month/year) (month/year)

CDL Required? Yes  No  Were you subject to the FMCSR's while employed? Yes  No  Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? Yes  No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed (attach 1099)  Other \_\_\_\_\_

# APPLICANT CERTIFICATION

By signing this statement I certify that this application for employment was completed by me and that all entries on it and the information contained within it are true and correct to the best of my knowledge.

Furthermore, I authorize you (the company or agencies) to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release any and all of; the employers, the schools, the health care providers, (ProPetro Services, Inc.) and their subsidiaries, as well as the other persons associated with this application for employment and the subsequent processes and procedures from all liability in response to inquiries and the releasing of information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may be considered fraud and could be construed as criminal, and may be grounds for termination and permanent discharge from this company. I understand that I am required to abide by all rules and regulations of the company as outlined in the company policies and statements.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR § 391.23. I understand that I have the right to:

- a.) Review information provided by previous employers;
- b.) Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- c.) Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*ProPetro Services, Inc. is an equal opportunity employer. ProPetro Services, Inc. does not discriminate on the basis of race, color, religion, gender, age, sexual orientation, national origin or ancestry, physical or mental disability, marital status, pregnancy, veteran status, medical condition, or any other protected status as defined by law.*

---

## For Completion by Company Representative

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## CDL DRIVER APPLICATION FORM ADDENDUM

*Only for applicants with a CDL license*

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Have you operated a commercial motor vehicle in the last seven days? (If yes, complete the following chart) **Yes**  **No**   
If No, answer the questions shown below.

Day	Date (MM/DD/YYYY)	Hours Driving
1		
2		
3		
4		
5		
6		
7		

Have you been compensated for another type of work other than operation of a motor vehicle in the last 7 days? **Yes**  **No**   
Have you been on vacation, medical leave or another type of paid leave of some type for the last 7 days? **Yes**  **No**

**Section 40.25(j):** As the employer, you must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT Agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you until and unless the employee documents successful completion of the return to duty process. See Section 40.25(b)(5) and (e).

In the past three (3) years, have you tested positive or refused a Pre-Employment Drug or Alcohol Test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

**Check One:** **Yes**  **No**

*If you answered yes,* can you provide/obtain proof that you've successfully completed DOT return-to-duty requirements?

**Check One:** **Yes**  **No**

Have you ever been disqualified for violation(s) of the Federal Motor Carrier Safety Regulations? **Yes**  **No**   
Do you have driving experience? (If yes, complete the following chart) **Yes**  **No**

Type of Equipment	Dates From/To	Type of Equipment	Dates From/To	Type of Equipment	Dates From/To

**Please list any other relevant experience:** \_\_\_\_\_

**Please list all states and provinces you have operated a commercial motor vehicle during the past 5 years:** \_\_\_\_\_

By signing this statement I certify that this addendum for employment was completed by me and that all entries on it and the information contained within it are true and correct to the best of my knowledge.

Furthermore, I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers/companies listed in my employment information for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations during the past three years: (i) alcohol tests with a result of 0.04 or higher, (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by the DOT. If any carrier/company furnishes information concerning items (i) through (vi) above, I also authorize that carrier/company to release and furnish the dates of my negative drug and/or alcohol tests and/or test with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Applicant and Employee Stipulations**

In connection with and in consideration of my past, present or future employment or the continuation of my employment by ProPetro Services, Inc. I, the undersigned, hereby understand, acknowledge, and agree to the following:

**I Understand and Acknowledge:** This Application and any and all forms of employment are not a contract between ProPetro and myself. If I receive and accept a job offer my employment will depend upon my satisfactorily passing a pre-employment job specific testing and screening.

**Employment At-Will:** Employment with ProPetro is voluntary, the employee is free to resign at any time, with or without notice or cause. Similarly, ProPetro may terminate the employment relationship at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law. Completing an application or accepting employment ProPetro is not intended to create a contract, nor to be construed to constitute contractual obligations of any kind or a contract of employment between ProPetro and any applicant or employee. I further understand, accept, and agree the at-will provision may be modified only in writing signed by the President and Chief Executive Officer of ProPetro.

**Employee Handbooks:** I have received and/or will receive a copy of ProPetro's Employee Policy Handbook, and all other related materials. I understand it is my responsibility, and I agree to read and comply with the policies contained in the handbook and any revisions made to it and that I should consult my immediate supervisor about any questions I may have that are not answered in the handbook. I also understand that the handbook may be changed and my employment or continuation of employment is my acknowledgement that I accept and agree to comply with such changes. I also agree and understand that the handbook is neither a contract of employment nor a legal document.

**Confidentiality:** I agree to keep confidential and not to disclose during or subsequent to my employment by ProPetro any information of an unpublished, confidential, or proprietary nature, including but not limited to, accounting records, data processing information, creations, inventions, improvements or Ideas. I further agree not to use any information of an unpublished, confidential, or proprietary nature, which I have learned during my employment by ProPetro to the benefit of any subsequent employer or myself after termination of my employment with ProPetro. I recognize that any breach of the foregoing promises by me is likely to result in irreparable injury to ProPetro, and therefore agree that ProPetro will be entitled to injunctive relief, in addition to such other and further relief, including monetary damages, as may be proper. Further, I agree that in the event of any breach, I shall also be liable for any and all costs and expenses of enforcement incurred by ProPetro, including, but not limited to, reasonable attorneys' fees.

**Deductions From Pay:** I expressly authorize ProPetro to deduct or withhold from any wages or sums otherwise payable to me with respect to my employment through payroll deductions or other means and forms of compensation and payment: The amount of any indebtedness (money owed) of any kind or nature owing by me to ProPetro. The cost of repairing or replacing any equipment or other property damaged by me or as a result of my negligence or fault or taken by me without permission, that is not repaired or replaced by me within the time frame required by ProPetro. I understand if there are not enough monies in my final check to cover the expenses due by me I agree to pay the full amount owed within thirty (30) days from my last day of employment. I understand that these deductions are in addition to, and not in place of, any deductions or withholdings required or permitted under applicable federal or state laws or lawful court orders.

**Fair Labor Standards Act:** Hourly/Non-Exempt positions, under the Fair Labor Standards Act regulation (29 CFR 778.419) this is my written advance notice and agreement that ProPetro pays time-and-a-half for the rate established for that job and all overtime hours based on the type of work performed during those hours. No additional overtime pay will be due under this agreement to anyone in an hourly, non-exempt employment status position.

### **Substance Abuse Drug/Alcohol Screening/Job Specific Physical Agility Test and Medical Certification**

I understand and agree that I must have a negative substance abuse drug and or alcohol screening prior to and during my employment. I may also be required to complete and pass a job specific physical agility test and or if applicable medical certification testing if my current Medical Certification Card has expired, as part of a conditional job offer and employment procedures. Such testing can be performed by outside testing source, or a certified-trained professional of ProPetro's choice and I will be informed of all test results. I further understand that if I refuse to take such tests, I may be denied current or future employment.

All employees are required to have a copy of ProPetro's Employee Policy Handbook, which covers the Substance Abuse Policy. Each location will maintain a detailed copy of the programs, additional copies of the handbook may be furnished upon request. By signing this Employment Application I understand that compliance with such policies are a condition of any employment, past, present and future, and, I hereby consent and agree to search and testing, including, but not limited to, the search of person and property and submission to testing prior to entry or while on ProPetro's or its customer's property or property under the care, custody, or control of ProPetro or customer. I further understand and agree that my employment may be immediately terminated or I may be subject to other disciplinary action if I violate any provisions of the policies, including but not limited to, my refusal to submit to searches of my person and property and or to testing for prohibited substances, or job specific physical agility or medical certification testing.

### **Consent and Authorization to Request and Release Information**

I understand that in connection with the application process, ProPetro may request information from my past employers and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of my criminal history, if any. I have provided complete and truthful information to ProPetro regarding my past employment, license, certification, and criminal history, as well as any other information requested in the employment application, and I AM BEING FULLY INFORMED THAT ANY MISREPRESENTATIONS OR MATERIAL OMISSIONS CONCERNING SUCH INFORMATION WILL BE GROUNDS FOR DENYING MY APPLICATION, WITHDRAWING ANY OFFER OF EMPLOYMENT, OR IMMEDIATE DISCHARGE OF MY EMPLOYMENT. More specifically, I agree to allow ProPetro to confirm my background by requesting and/or obtaining the following documents and information described below as well as any and all other documents needed to determine my eligibility for employment

**Past or Present Employers:** I authorize and consent to ProPetro obtaining any and all documents and information regarding my previous employment from my present and past employers, or agents these employers may designate, regarding my employment, including, but not limited to, positions held, dates of employment, last pay rate, work performance, disciplinary records, reliability, incidents of dishonesty, failed substance abuse drugs or alcohol test, insubordination, violence, criminal history, and/or unsafe, harmful or threatening behavior, including information based upon any and all materials in and out of my personnel files and records. I consent and authorize ProPetro to obtain these documents and information with full knowledge and understanding that the documents and information obtained may include positive or negative facts and opinions that I may believe are true or false. These records are to be obtained and considered by ProPetro in connection with any and all background information pertaining to my past, present or future employment.

**Licensing or Certification Information:** I consent and authorize ProPetro to obtain documentation or information from any public agency or private entity concerning any professional or vocational license or certification that I have held in the past or currently hold, including, but not limited to, documentation or information concerning whether such license or certification is in good standing, and any disciplinary or other proceedings concerning such license or certification. I further understand and agree that if I am employed for a position requiring DOT regulations (truck driver, etc.) that in the event I am excluded from Insurance coverage by ProPetro's vehicle insurance carrier, my exclusion no longer qualifies me for continued employment if my position at the time of exclusion requires DOT regulations.

**Application and Employee Stipulations**

**Motor Vehicle Records:** If I am applying for a position with ProPetro that involves the operation of a motor vehicle, I authorize and consent to ProPetro, its insurance broker or agent to obtain a copy of my Motor Vehicle Record (MVR). A copy of the MVR will be obtained as part of the employment process and evaluation and, at least one time each year there after. The MVR will be used as an aid in determining my insurability under ProPetro's Insurance coverage. Any MVR that is unacceptable to the auto insurance carrier or indicates a poor driving record may cause me not to be allowed to drive any ProPetro vehicles at any time and I will not be allowed to drive my own personal vehicle for the purpose of conducting business activities, until written notice is issued from ProPetro's corporate office. ProPetro at sole discretion may deny my application or terminate my employment with or without notice at any lime as it is deemed appropriate based on my driving history.

**Investigation Of Criminal Records:** I authorize and consent to ProPetro investigating and obtaining information regarding any record of criminal convictions, deferred adjudication, or probation, and if so, the nature of such criminal convictions; deferred adjudication, and probation, and all surrounding circumstances available through lawful means, I also understand that the criminal background check performed will focus on convictions, deferred adjudication, and probation which relied a business necessity of hiring and retaining employees who are reliable, honest and do not engage in any form of violence or other harmful, unsafe or threatening behavior, and that a criminal record will not necessarily disqualify me from employment.

**Special Concerns Regarding References and Background Investigation From Disclosed Information:** I will provide any and all information in writing to ProPetro regarding any special concerns and/or comments about potentially negative references or information that may be revealed through the reference and background investigation process.

**Consent and Authorization to Request Information and Release From Liability For Disclosure of Information**

**Disclosure of Information:** I hereby release and hold harmless ProPetro its officers, employees, servants, agents and all its affiliates inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information any and all medical and personal Information or documents pursuant to the Consent end Authorization to Request information or, making any written or verbal communications for such purposes. Also, from any and all claims arising from such activities, Including, but not limited to; any claims whatsoever for defamation, fraud, misrepresentation, intentional or negligent interference with prospective business relations or contract, breach of contract (including any settlement agreement), negligent or intentional infliction of emotional distress, employment discrimination, violation of public or privacy polities, end any other potential claims, demands, damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently or that I may have now or in the future. I have carefully read and voluntarily agree to all terms and conditions in order to assist ProPetro in evaluating my employment qualifications and In meeting the business necessity of hiring honest, trustworthy, reliable and nonviolent employees who do not pose a risk of serious harm In the workplace. I also agree to fully cooperate in permitting the release of the above stated documentation and Information and any and all other Information needed to evaluate my employment I understand that all Information end documentation generated, received or maintained during, or as a result of, its evaluation will be maintained as confidential business Information and that ProPetro has the sole discretion of its own will to release such information or documentation to me or others who might inquire about my background or working history.

**Release From Liability:** As the applicant and or employee I hereby release, and hold harmless ProPetro, its owners, officers, predecessors, employees, former employees, shareholder, directors, partners, agents and assigns, servants, and all other persons, firms, partnerships, corporations, trusts or other entities under the direction or control of, under common control with or In any way presently or formerly associated with ProPetro, of and from all claims, charges, complaints, liabilities, obligations, promises, agreements, contracts, damages, actions, causes of action, suits, accrued benefits or other liabilities of any kind or character, whether known or hereafter discovered, arising from or in any way connected with or related to applicants or employees employment with ProPetro, and/or voluntary or involuntary employment with ProPetro, including, but not limited to, allegations of wrongful termination, discrimination, retaliation, breach of contract, promissory estoppels, retaliatory discharge, discharge in violation of public policy, intentional infliction of emotional distress, negligent infliction of emotional distress, defamation, harassment, sexual harassment, discrimination, Invasion of privacy, any action In tort or contract, any violation of any federal, state, or local law, Including, but not limited to any other employment violation, and any and all claims for severance pay or benefits under any compensation or employee-benefit plan, program, policy, contract or other arrangement of ProPetro, but excluding any benefits which the applicant and/or employee Is entitled to receive under any plan that is qualified plan under IRC 401 Plans or is a group health plan subject to COBRA, to the extent employee properly elects and pays for such COBRA continuation coverage. Applicant and/or employee agree not to commence any legal proceeding or lawsuit against ProPetro, or any affiliate arising out of or based upon employment with ProPetro, or the voluntary or involuntary termination of employment with ProPetro.

I voluntary grant this "Release From Liability" for purposes of supporting my employment and based upon my desire to encourage ProPetro's consideration of my employment. If I have any concerns about the information that may be provided to ProPetro during its Investigation concerning issues relevant to their consideration of my employment, I have voluntarily explained such concerns in writing as instructed in the appropriate section of this Application and will provide them with any and all future information as to comply with all policies and procedures.

**Acknowledgement**

I HEREBY UNDERSTAND, AGREE TO, AND ACCEPTTHE TERMS AND CONDITONS SET FORTH, I FURTHER CERTIFY THE INFORMATION GIVEN BY ME ON THE APPLICATION AND IN THE EMPLOYMENT PROCESS IS TRUE AND CORRECT. I UNDERSTAND ANY MISREPRESENTATION OR OMISSION OF FACTS MAY RESULT IN REFUSALTO OFFER ME EMPLOYMENT OR IF IAM EMPLOYED, TERMINATION OF MY EMPLOYMENT.

I CERTIFY THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Print Name: \_\_\_\_\_

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

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

PROPETRO SERVICES, INC IS AN EQUAL EMPLOYMENT OPPORTUNITY AND DRUG-FREE EMPLOYER

**Applicant/Employee Notification**

**HIPAA - Health Insurance Portability and Accountability Act of 1996:** Contains many provisions aimed at increasing access to health care coverage. A primary goal of this legislation is to expand access to health care benefits. The Act includes portability provisions that make it easier for individuals who change jobs to get coverage with a new employer, it limits the ability of an employers health insurer to deny coverage based on an individual's pre-existing medical conditions. Your health care provider will furnish you additional information regarding HIPAA and the HIPAA Privacy Act.

**COBRA - Consolidated Omnibus Budget Reconciliation Act:** If you are insured by a group health plan (medical, dental or vision) and must leave your job or have working hours reduced, you and your covered family members may qualify for extended coverage under COBRA. This is a Federal Law that requires certain group health plans to allow participating employees and their covered dependents to extend their health coverage. While you receive extended coverage under COBRA you will be fully responsible for all payments to the group health insurance plan to continue your participation. Contact your health @re provider if you require additional information regarding your benefits and rights under COBRA.

**Workers Compensation Coverage:** ProPetro, has workers' compensation insurance coverage to protect its employees.

**Texas Provision:** You may elect to retain your common law rights of action if, no later than five days after beginning employment, you notify ProPetro, in writing that you wish to retain your common law right to recover damages for personal injury or illness. If you elect your common law right of action, you cannot obtain workers compensation income or medical benefits; You can obtain information about your rights from any office of the Workers Compensation Commission.

**Harassment Awareness:** Harassment can take many forms. It may include, but is not limited to words, gestures, pictures, jokes, pranks, physical contact or violent conduct. Sexual harassment may be either implicit or explicit. It may include unwelcome sexual advances, requests for sexual favors, verbal or physical contact of a sexual nature, or conduct that prevents individuals from effectively performing their duties by creating an intimidating, hostile or offensive working environment. ProPetro, is committed to taking all steps necessary to maintain a workplace free of harassment and intimidation of any type. Harassment of any sort - verbal, physical or visual will not be tolerated and will be considered grounds for immediate disciplinary action up to and including termination.

**Deductions From Pay**

**I expressly authorize ProPetro to deduct or withhold the following amount/s from any wages or sums otherwise payable to me with respect to my employment through payroll deductions or other means and forms of compensation and payment:**

- (1) The amount of any indebtedness (money owed) of any kind or nature owing by me to ProPetro.
- (2) The cost of repairing or replacing any equipment or other property damaged by me or as a result of my negligence or fault or taken by me without permission that is not repaired or replaced by me within the time frame required by ProPetro.
- (3) The weekly rental fee of uniforms, if I choose to wear a ProPetro uniform, and deduction from my final paycheck in the amount of up to \$600.00 for uniforms rented to me that are not returned to the appropriate yard location if I leave my employment voluntarily or involuntarily. I further understand that I have the option of renting and wearing a ProPetro uniform while employed and I may find out the rental fee by contacting my immediate supervisor or the staff assistant. I also understand I will be notified prior to any increase in the rental fee.
- (4) If there is not enough monies in my final check to cover the expenses due by me I agree to pay the full amount owed within thirty (30) days from my last day of employment. I understand that these deductions are in addition to, and not in place of, any deductions or withholdings required or permitted under applicable federal or state laws or lawful court orders.

**Authorization To Release Paycheck:** The following person has my permission to pick up my check until further notice. If I no longer want this listed person to pick up my check, I will notify ProPetro and I will not hold ProPetro liable in any way for the release of my check if I have not notified ProPetro I no longer want that person to pick up my check. (I.D. will be required for anyone picking up a check for an employee check.)

**Please release my check to:** \_\_\_\_\_

**Applicant/Employee Print Name:** \_\_\_\_\_

**Applicant/Employee Signature:** \_\_\_\_\_

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

Human Resource Representative: _____	Date Signed: _____
--------------------------------------	--------------------

**PROPETRO SERVICES, INC.  
EMPLOYEE STIPULATIONS**

In connection with and in consideration of my employment or the continuation of my employment by ProPetro Services, Inc. (the "Company"), I, the undersigned, hereby covenant, acknowledge, and agree to and with the company as follows:

**NATURE AND DURATION OF EMPLOYMENT:**

I have entered into my employment relationship with this organization voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or the Company can terminate the relationship at will, with or without cause at any time.

**CONFIDENTIALITY:**

I understand that, as part of my employment, I have had and/or will have access to confidential information of the Company, including, but not limited to, accounting records, data processing information, creations, inventions, improvements or ideas with respect thereto.

I agree to keep confidential and not to disclose, during or subsequent to my-employment with the Company, any information of an unpublished, confidential, or proprietary nature. I further agree not to use any information of an unpublished, or confidential, or proprietary nature, which I have learned during my employment, for any subsequent employer or for my own benefit after termination of my employment with the Company.

I recognize that any breach of the foregoing promises by me is likely to result in irreparable injury to the Company and therefore agree that the company shall be entitled to injunctive relief, in addition to such other and further relieve, including monetary damages, as may be proper. Furthermore, I agree that in the event of any breach, I shall also be liable for all costs and expenses of enforcement incurred by the Company, including, but not limited to reasonable attorneys' fees.

**DEDUCTIONS FROM PAYCHECK:**

I hereby expressly authorize the Company to deduct or withhold the following amounts from any wages or sum otherwise payable by the Company to me with respect to my employment:

- (1) The amount of any indebtedness of any kind or nature owing by me to the Company at the scheduled time for payment of such wages or other sums to me; and
- (2) The cost of repairing or replacing any equipment or other property of the Company that is intentionally damaged or taken by me, and that is not repaired or replaced by me within the time required by the Company.

The foregoing deductions are in addition to, and not in lieu of, any deductions or withholdings required or permitted under applicable federal or state laws.

**Accepted:**

\_\_\_\_\_  
**Associate's signature  
(Applicant)**

PROPETRO SERVICES, INC

By: \_\_\_\_\_

\_\_\_\_\_  
**Associate/Applicant's Name (typed or printed)**

Title: \_\_\_\_\_

\_\_\_\_\_  
Date



*ProPetro Services, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.*

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

*Please complete the information requested below. Thank you for your cooperation.*

**Section 1: General Applicant Information**

<b>Name:</b> _____	<b>Date:</b> ____ / ____ / ____
<b>Position Applied For:</b> _____	

**Section 2: Please check all that apply**

Race of Ethnic Identity
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White <i>(not Hispanic or Latino)</i>
<input type="checkbox"/> Black or African American <i>(not Hispanic or Latino)</i>
<input type="checkbox"/> Native Hawaiian or Pacific Islander <i>(not Hispanic or Latino)</i>
<input type="checkbox"/> Asian <i>(not Hispanic or Latino)</i>
<input type="checkbox"/> American Indian or Alaskan Native <i>(not Hispanic or Latino)</i>
<input type="checkbox"/> Two or More Races <i>(not Hispanic or Latino)</i>

Gender
<input type="checkbox"/> Male
<input type="checkbox"/> Female

**Veteran Status
<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Other Eligible Veteran
**Other
<input type="checkbox"/> Individual with Disabilities

<input type="checkbox"/> <b>I do not wish to Self-Identify Signature</b> _____
---

<p><b>How did you hear of our opening?</b></p> <p><input type="checkbox"/> Current Employee <i>If Yes, please list the name(s)</i> _____</p> <p><input type="checkbox"/> Newspaper Ad <i>If Yes, please list which one</i> _____</p> <p><input type="checkbox"/> Radio Ad <i>If Yes, please list which one(s)</i> _____</p> <p><input type="checkbox"/> Recruiter <i>If Yes, please list which one</i> _____</p> <p><input type="checkbox"/> Other - Please Explain:          _____          _____          _____</p>
---

# Affidavit of Gap in Employment

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

Dates of Gap in Employment: \_\_\_\_\_

Reason for Gap in Employment:

- Unemployed without Compensation
- Attending School \_\_\_\_\_  
(Indicate School Name)
- Self-Employed or Employed by Individual \_\_\_\_\_  
(Indicate Individual's Name)
- Employed by: \_\_\_\_\_

<b>Employer Name</b> _____	Telephone # ( ) - _____	Fax # ( ) - _____
Address _____		Position _____
Street _____	City _____	State _____ Zip _____
Supervisor's Name _____	Employed From _____ To _____	Reason for Leaving _____
	(month/year) (month/year)	Ending Salary _____
CDL Required? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Were you subject to the FMCSR's while employed? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

- Other \_\_\_\_\_  
(Indicate Reason)

Dates of Gap in Employment: \_\_\_\_\_

Reason for Gap in Employment:

- Unemployed without Compensation
- Attending School \_\_\_\_\_  
(Indicate School Name)
- Self-Employed or Employed by Individual \_\_\_\_\_  
(Indicate Individual's Name)
- Employed by: \_\_\_\_\_

<b>Employer Name</b> _____	Telephone # ( ) - _____	Fax # ( ) - _____
Address _____		Position _____
Street _____	City _____	State _____ Zip _____
Supervisor's Name _____	Employed From _____ To _____	Reason for Leaving _____
	(month/year) (month/year)	Ending Salary _____
CDL Required? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Were you subject to the FMCSR's while employed? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

- Other \_\_\_\_\_  
(Indicate Reason)

By signing below, I certify the facts included on this document are true and complete to the best of my knowledge and understand that, if employed, misrepresentations or omission of facts on this application shall be grounds for dismissal.

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

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