



LGR Oil Services 2024 Job Application Form

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name _____ Middle _____ Last Name _____

Social Security # _____ DOB _____

Driver License # _____ State: _____

Street Address _____ City, State, Zip Code _____

Phone Number (____) _____ E-Mail _____

- *Needed to view Pay Record*

Provide your own email address not your relatives')

Emergency Contact: (Name/phone/relation) _____

Are you eligible to work in the United States? Yes _____ No _____

If you are under age 18, do you have an employment/age certificates? Yes ___ No ___

Have you been convicted of or pleaded no contest to a felony within the last five years? Y__ N__

If yes, please explain:

POSITION/AVAILABILITY:

Referred by: _____

Position Applied For _____ Date available to start work? _____

HIGHEST DEGREE OF EDUCATION: _____

Skills and Qualifications: Licenses, Skills, Training

EMPLOYMENT HISTORY: Present or Last Position:

Employer: _____ Supervisor: _____

Address: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____ Pay: _____

Responsibilities: _____

Reason for Leaving: _____

May We Contact Your Present Employer? Yes _____ No _____

References: Name/Title Address Phone

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Initial by each

- _____ I understand to be drug/alcohol free and can be drug/alcohol screened at any time.
 - **LGR is a ZERO-TOLERANCE COMPANY.** (Testing procedures comply with 49 CFR Part 40)
Any employee who tests positive will be subject to immediate termination and refusal of drug/alcohol screening will result in immediate termination.
- _____ Prescription drugs **MUST** be reported to an LGR Supervisor.
- _____ I understand that I am an “At Will Employee” and do not need prior notice of termination.
- _____ I provided a valid email address.
- _____ I can provide a valid Driver License and Social Security.
- _____ I can provide a copy of a VOIDED check to be paid Direct Deposit.
- _____ **I understand that I will start on a 30-day probationary basis and every 6 months after that were my work will be evaluated and may be terminated at any time for any reason.**
- _____ I understand that damages to vehicles, equipment, tools, client property or any damages caused to LGR Property or to other parties are subject for replacement and/or repayment **by the employee** and are grounds for termination, and/or drug testing at LGR’s discretion. **This means If I damage or lose anything while working for LGR, I will have to replace it.**
- _____ I understand that I must work ALL HOLIDAYS, BIRTHDAYS, AND SPECIAL EVENTS.

Signature _____

Date _____

Employee's Withholding Certificate
 Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 Give Form W-4 to your employer.
 Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

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

Employers Only	Employer's name and address LGR Oil Services 7830 Westernview Dr. Mission, TX 78572	First date of employment	Employer identification number (EIN) 81-4451013
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LGR OIL SERVICES

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize LGR OIL SERVICES to initiate automatic deposits to my account at the financial institution named below. I also authorize LGR OIL SERVICES to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold LGR OIL SERVICES responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until LGR OIL SERVICES receives a **written** notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

lgroilservices@gmail.com

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and/or send photo copy to lgroilservices@gmail.com



Background Check: Authorization and Release of DMV Records

I understand that driving a Company vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow the LGR Oil Services LLC to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive LGR Oil Services' vehicle (or my own vehicle, if I am required to drive) after I am hired. I agree to obtain a Driver's license prior to hire if I do not already have one.

I understand that the Company will use this information for employment purposes only and not furnish this information to a third party without my written consent.

I agree to release LGR Oil Services LLC, its employees and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

Print Name

Date of Birth

Driver's License Number

State of License

Signature

Date



DOT Drug/Alcohol History Check

7830 Westernview Dr.

Mission, TX 78572

(956) 648-6302

lgroilservices@gmail.com

Applicant Authorization to Release DOT Drug/Alcohol Test Results

SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant/Employee: _____ SSN: _____

LGR Oil Services LLC

I understand that as a condition of hire with the above named "Company", that I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle)

Check boxes only if applicable

- I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past 2 years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below.
I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3 years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below.

I hereby authorize the following previous employer / company to furnish to LGR the DOT information requested in section 2 below.

Previous Employer: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Contact: _____ Dates of Employment: _____ to _____

(Complete additional form for each previous DOT employer)

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to LGR OilServices, LLC. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination if later discovered after my employment with the Company begins.

Signature of Applicant

SS

Date

Release of Previous Employer's DOT Drug/Alcohol Testing Results

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years (3 years for CMV drivers), from the date of this request. Please complete the following:

- YES NO 1. Any DOT alcohol test results of 0.04 or greater?
2. Any DOT positive drug test results?
3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results)
4. Other violations of DOT drug and alcohol testing regulations?
5. Did a previous employer report a drug / alcohol rule violation to you?
6. If "yes" for any of the above items, did the employee complete the return-to-duty process?
7. Was the Applicant/Employee employed by you but NOT subject to DOT regulations?

*Note: If "yes" for item 5, you must provide the previous employer's report. If you answered "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Name of Person Completing Form

Title

Phone

Date



POLICIES & PROCEDURES ORIENTATION

- H2S Awareness
- PEC Safeland/Gulf Coast
- Fire Extinguisher
- Flammable Liquids
- Fire Evacuation Plan
- LOTO – Lock Out Tag Out
- Emergency Evacuation Route
- JSA – Job Safety Analysis
- Fall Protection
- Noise Prevention
- Equipment Training – 3rd party
- Trenching & Excavation
- PPE – Personal Protection Equipment
- First Aid
- Bloodborne Pathogens
- Welding Cutting Hot Work
- Drug & Alcohol
- No Call No Show

Signature _____

HSE Officer _____

Date of Hire _____

Orientation Date _____