

ATTACHMENT #10

**EXCERPTS FROM ACCIDENT DRIVER'S
QUALIFICATION FILE**

(19 Pages)

STATE OF TEXAS NEW HIRE REPORTING FORM
TO ENSURE ACCURACY, PLEASE PRINT (or TYPE) NEATLY IN UPPER-CASE
LETTERS AND NUMBERS, USING A DARK, BALL-POINT PEN

EMPLOYEE INFORMATION:

Social Security Number:

Name:

First Name

Middle Name

Last Name

Address:

City

State

Country (Optional for foreign address)

Country Code (Mandatory for foreign address)

Foreign Country Zip Code (Optional for foreign address)

EMPLOYER INFORMATION:

Federal EIN:

Texas
State EIN:

Employer Name:

Employer Address:

City

State

Zip Code

Country (Optional for foreign address)

Country Code (Mandatory for foreign address)

Foreign Country Zip Code (Optional for foreign address)

REPORTS WILL NOT BE PROCESSED WITHOUT ABOVE INFORMATION

OPTIONAL EMPLOYEE INFORMATION:

Date of Birth:

MM DD YEAR

Date of Hire:

MM DD YEAR

State of Hire:

Application for Employment

\$18⁰⁰

SMITH INDUSTRIES INC. is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For: DRIVER	Name (Last, First, Middle): HAYDEN	Other names under which you have attended school or been employed:	
Street Address:	City, State & Zip: MIDLAND, TX 79706		
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Are you currently employed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, what is your current job title & department?	
May we contact your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed by SMITH INDUSTRIES INC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving: 2007-2008	
Are you related to any current SMITH INDUSTRIES INC employee)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date: TX 244	

EDUCATION

Name of School	City/State	Yes	No	Date	Other
High School: EL DORADO	LAS VEGAS NV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28 MAY 80	
GED:		<input type="checkbox"/>	<input type="checkbox"/>		
Other School:		<input type="checkbox"/>	<input type="checkbox"/>		
College:		<input type="checkbox"/>	<input type="checkbox"/>		
College:		<input type="checkbox"/>	<input type="checkbox"/>		
College:		<input type="checkbox"/>	<input type="checkbox"/>		
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.					

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."
PLEASE NOTE: SMITH INDUSTRIES INC reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To <i>NOV 10 FEB 11</i>	<input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: <i>DRIVER</i>
Starting Salary:	Organization Name and Address:	
Final Salary:	<i>HUGHES OILFIELD TRANSPORTATION</i>	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To <i>SEP 09 SEP 10</i>	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: <i>SQUAD LDR MOVEMENT NCO</i>
Starting Salary:	Organization Name and Address:	
Final Salary:	<i>US ARMY</i>	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:



Dates Employed (most recent position) From: <u>FEB 08</u> To: <u>FEB 09</u>		<input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: <u>FORKLIFT OPERATOR</u>
Starting Salary:		Organization Name and Address: <u>J+S PIPE (VENTURE)</u>	
Final Salary:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving: <u>LAI D OFF</u>	
Dates Employed (most recent position) From: <u>APR 07</u> To: <u>FEB 08</u>		<input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title: <u>FORKLIFT OPERATOR</u> <u>DRIVER</u>
Starting Salary:		Organization Name and Address: <u>SMITH INDUSTRIES</u>	
Final Salary:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:	

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

IF YES -NUMBER OF CONVICTIONS _____

NATURE OF CONVICTIONS _____

DATES OF CONVICTIONS _____

SENTENCE IMPOSED _____

TYPE OF REHABILITATION _____

NOTE: A CONVICTION MAY NOT DISQUALIFY YOU, BUT A FALSE STATEMENT WILL

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize SMITH INDUSTRIES INC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of SMITH INDUSTRIES INC. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that the first **SIX MONTHS** of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____

Date: 20110906

EMERGENCY CONTACT INFORMATION

EMPLOYEE NAME HAYDEN

EMPLOYEE PHONE# HOME: _____ CELL: _____

IN CASE OF EMERGENCY CONTACT THE FOLLOWING:

NAME & RELATIONSHIP EX WIFE

PHONE NUMBERS _____

NAME & RELATIONSHIP FRIEND

PHONE NUMBERS _____

Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995, extension 2880 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.

Signature 20110906
Date

HAYDEN
Printed Name

I live at: _____
Street Address

MIDLAND TX 79706
City State Zip Code

Name of Employer: SMITH INDUSTRIES

Name of Network: Texas Star Networks

**Network service areas are subject to change.
Call (800) 381-8067 if you need a network treating provider.**

Please indicate whether this is the:

Initial Employee Notification

Injury Notification (Date of Injury: ___/___/___)

**DO NOT RETURN THIS FORM TO TEXAS MUTUAL
INSURANCE COMPANY UNLESS REQUESTED**



DISA Drug Test Result Certificate

12600 Northborough Drive
STE 300
Houston TX 77067

Account: 11577 Smith Industries
Location: Smith Industries
1

Donor's Name: HAYDEN **Donor's SSN:** XXX-XX **Employee Number:** XXXXX

Chain of Custody/Lab #:		Specimen Collected Date: 8/31/2011 3:13:00PM
Purpose of Test:	Pre-Employment	Lab Release Date: 9/2/2011 8:34:00AM
Type of Test:	DOT Panel + MDMA & 6AM	MRO Verified Date: 9/2/2011 1:02:00PM
Policy Pool Type:	FMCSA	CCF Verified Date: 09/02/2011
Policy:	FMCSA Contractor Compliance Policy-Smith Industrie	
Result:	Negative	Electronic Release Date: 9/2/2011 1:04:07PM

Substance Detail

6MAM GC/MS	Negative
Amphetamines	Negative
Cannabinoids	Negative
Cocaine	Negative
MDA-Analogues	Negative
Opiates	Negative
Phencyclidine	Negative

Specimen Collection Facility

Drug Screen Compliance & Lou's Clinical Lab Inc. TX896
711 West Indiana Ave.
Midland TX 79701

Analyzing Laboratory

Quest Diagnostics Inc.
10101 Renner Boulevard
Lenexa KS 66219

Medical Review Officer

Lenox Health Care MRO Services

12600 Northborough Drive STE 300
Houston, TX 77067
Report Released By:

01



Directive to physician
has been filed at tel #

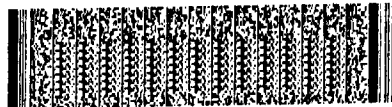
Emergency
contact number

Allergic reaction
to drugs

RESTRICTIONS - A - With corrective lenses

TEXAS ROADSIDE
ASSISTANCE
1-800-525-5555

ENDORSEMENTS:
N-Tank vehicle



REV. 05/01/2007

Texas

USA
TX

COMMERCIAL
DRIVER LICENSE



4d CDL

9 Class **AM**

4a Iss **02/21/2012**

4b Exp

3 DOB

4 HAYDEN

12 Restrictions **A**

8c End **N**

16 Hgt **5-10**

15 Sex **M**

18 Eyes **BRO**

5



TEXAS DEPARTMENT OF PUBLIC SAFETY

TEMPORARY PERMIT VALID UNTIL 04-06-2012

LOCATION: 401
TIME STAMP: 13:42:32
DATE STAMP: 02-21-2012

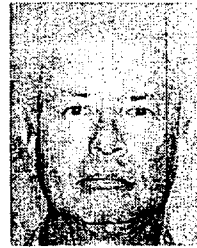
ORGAN DONOR: Y
VOTER REGISTRATION: N

RECEIPT NUMBER

RESTRICTION TEXT:
WITH CORRECTIVE LENSES

ENDORSEMENT TEXT:
TANK VEHICLE

MAILING ADDRESS:
MIDLAND, TX 79706 - 0000



DL/ID/UNL NUMBER: CLASS AM LICENSE TYPE: CDL
RESTRICTION CODE: A ENDORSEMENT CODE: N

NAME: HAYDEN.

ADDRESS:

MIDLAND, TX 79706 - 0000


DATE OF BIRTH: EXPIRATION DATE:
SEX: M HEIGHT: 5' 10" ISSUANCE DATE: 02-21-2012
EYE COLOR: BRO

SIGNATURE: _____

EMPLOYEE _____

-
- Contact your local driver license office if assistance is needed, or refer to the DPS website at www.txdps.state.tx.us or TexasOnline at www.texasonline.state.tx.us
 - Your DL/ID Card will be processed and mailed within 30-45 days.
 - You must continue to carry this Temporary Permit until your new card is received.
 - For roadside assistance, please call 1-800-525-5555

TEXAS
 DEPARTMENT OF PUBLIC SAFETY
 COMMERCIAL DRIVER LICENSE



CLASS: AM CDL
 DOB: HT: 5-10
 EXPIRES: 01-26-12 EYES: BRN
 REST: A SEX: M
 END: N
 HAYDEN,
 MIDLAND TX 79705

SOCIAL SECURITY

THIS NUMBER IS ASSIGNED FOR
HAYDEN

SIGNATURE

MEDICAL EXAMINER'S CERTIFICATE

Part 1 of 2

I certify that I have examined HAYDEN
 in accordance with the Federal Motor Carrier Safety Regulations
 (49 CFR 391.41-391.49). I have knowledge of the driving duties and
 find this person qualified: if checked the following restrictions will

apply:

- corrective lenses
- hearing aid
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a _____ exemption/waiver
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- Qualified by operation of 49 CFR 391.64

This information concerning this physical examination is true and complete. A complete form of this examination with any attachment embodies my finding completely and correctly, and to be file in my office.

MEDICAL EXAMINER SIGNATURE

DATE

11/16/2010

MEDICAL EXAMINER'S CERTIFICATE

Part 2 of 2

Medical Examiner's Name	<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Physician Assistant
Medical Examiner's Address OccuMed of Texas 5000 E. University #6 Odessa, TX 79762	Cert. No. or Med License and Issuing State G 5021 TX
Medical Examiner's Phone #	Dr: # 4 MIDLAND, TX, 79706
Expiration Date of Medical Certificate <u>11/16/2012</u>	Driver's License # & State

SIGNATURE OF DRIVER

OccuMED ODESSA, TX

(2)

RESTRICTIONS
A With corrective lenses

ENDORSEMENTS
N Tank vehicle

- Directive to physician has been filed at tel # Emergency contact number Allergic reaction to drugs

TEXAS ROADSIDE ASSISTANCE 1-800-535-5555



Do not laminate this card.

This card is invalid if not signed by the number holder unless health or age prevents signature.

Improper use of this card and/or number by the number holder or any other person is punishable by fine, imprisonment or both.

This card is the property of the Social Security Administration and must be returned upon request. If found, return to:

SSA-ATTN: FOUND SSN CARD

P.O. Box 17087 Baltimore Md. 21203

Contact your local Social Security office for any other matter regarding this card.

Department of Health and Human Services
Social Security Administration

Form OA-702 (4-84)

11/18/12 at 13:58:17.75

Smith Industries, Inc.
Payroll Register
For the Period From Nov 1, 2012 to Nov 30, 2012

Filter Criteria includes: 1) Employee Types from DRIVER to DRIVER. Report order is by Check Date. Report is printed in Detail Format.

Employee ID	Pay Type	Pay Hrs	Pay Amt	Amount	Gross Advances	Fed_Inco ChildSup	Soc_Sec PersAuto	Medicare IRSGARN
Employee Masked SS No					UNIFORMS	BnkrptGa	LostCkFe	HEALTHI
Reference Date					ADVFE	ATAXINS	Soc_Sec_	Medicare
					FUTA_ER	SUI_ER		

26	Regular	40.00	780.00	1,057.94	1,429.35	-290.65	-60.03	-20.73
HAYDEN	Overtime	22.20	649.35					
XXX-XX 58708							-88.62	-20.73
11/15/12								



11/18/12 at 13:58:17.72

Smith Industries, Inc.
Payroll Register
For the Period From Nov 1, 2012 to Nov 30, 2012

Filter Criteria includes: 1) Employee Types from DRIVER to DRIVER. Report order is by Check Date. Report is printed in Detail Format.

Employee ID	Pay Type	Pay Hrs	Pay Amt	Amount	Gross Advances	Fed_Inco ChildSup	Soc_Sec PersAuto	Medicare IRSGARN
Employee Masked SS No					UNIFORMS	BnrprtGa	LostCkFe	HEALTHI
Reference Date					ADVLEE	ATAXINS	Soc_Sec_	Medicare
					FUTA_ER	SUI_ER		

11/8/12								
26	Regular	38.85	757.58	592.07	757.58	-122.71	-31.82	-10.98
	HAYDEN						-46.97	-10.98
XXX-XX- 58335 11/8/12								

15

11/18/12 at 13:58:17.68

Smith Industries, Inc.
Payroll Register
For the Period From Nov 1, 2012 to Nov 30, 2012

Filter Criteria Includes: 1) Employee Types from DRIVER to DRIVER. Report order is by Check Date. Report is printed in Detail Format.

Employee ID Employee Masked SS No Reference Date	Pay Type	Pay Hrs	Pay Amt	Amount	Gross Advances UNIFORMS ADVFE FUTA_ER	Fed_Inco ChildSup BnrprtGa ATAXINS SUI_ER	Soc_Sec PersAuto LostCkFe Soc_Sec_	Medicare IRSGARN HEALTHI Medicare
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11/1/12

26

HAYDEN

Regular
Overtime

40.00 780.00 1,094.45
24.00 702.00

1,482.00

-303.82

-62.24

-21.49

XXX-XX-
58192
11/1/12

-91.88

-21.49





Hayden

Complete Report

Social Security Number:
DOB:

Request #: HE-091411-ER3KE

Turnaround time: 1.3 hours

Package: Custom

Date Request Submitted: 9/14/2011 6:06 AM

Request Completion Date: 9/14/2011 7:26 AM

Hiring Manager:

Prepared By:

HireRight, Inc.

5151 California

Irvine, CA 92617

Phone: 866-521-6995, 949-428-5804

Fax: 877-797-3442, 949-224-6020

customerservice@hireright.com

Requested By:

Smith Industries Inc

3509 State Hwy 158

Midland, TX 79706

Phone: +1 (432) 683-9722

E-mail:

Dale Hayden,

MVR Express

Date MVR Request Submitted: 9/14/2011 6:06 AM

MVR Request Completion Date: 9/14/2011 7:26 AM

Complete - MVR Record Clear

Driver Personal Information

State: Texas Hiring Manager: thartley@smithindustriestx.com

License:

HAYDEN,

DOB: **/**/****

Requested As: ***** HAYDEN

Driver License Information

Class	Issued	Expires	Status	Restrictions
CDL-A M		'2012	CLEAR	

Miscellaneous / State Specific Information

Type	Description
LICTYPE	CDL

CLASS A - COMB VEH>26,000 GVWR, TOWED UNIT>10,001 GVWR NON-COMMERCIAL

CLASS M - MOTORCYCLE OR MOPED

ORIGISSUE 2006-05-17

MISC THIS TYPE OF RECORD WILL NOT REFLECT COMPLETION OF A DRIVING SAFETY COURSE

MISC THIS RECORD REFLECTS CONVICTIONS AND CRASH INVOLVEMENTS THAT ARE ALLOWED TO BE DISPLAYED BY LAW.

MISC REQUESTED 3-YEAR RECORD

Driving Record Information

MVR RECORD CLEAR

V/S Date - Violation/Suspension date

C/R Date - Conviction/Reinstatement date

¹ "Complete" indicates that this request has been processed to conclusion. Please review the report details in their entirety to evaluate any potential discrepancies or records related to this request.

All times listed in Pacific - USA

LEGAL NOTES:

The information provided herein is a consumer report as defined in the federal Fair Credit Reporting Act [15 USC 1681 et.seq.] It contains confidential information on the individual named. It is submitted subject to the express conditions contained in your Subscriber Agreement with HireRight, and may be used solely for legally permissible employment purposes (i.e., as a factor in evaluating the named individual for employment, promotion, reassignment or retention as an employee). Proper use of the content of this report and final verification of the named individual's identity is your sole responsibility.

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

Form I-9, Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last HAYDEN		First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #		Date of Birth (month/day/year)
City MIDLAND	State TX	Zip Code 79706		Social Security #

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 or national of the United States

A lawful permanent resident (Alien #) A _____

An alien authorized to work until _____ (Alien # or Admission #)

Employee's Signature _____ Date (month/day/year) **09/06/11**

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		TEXAS Driver License		Social Security card
Issuing authority: _____		DPS		SS Administration
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title safety/compliance P/R Administrator
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Smith Industries Inc P O Box 870 Midland TX 79702		Date (month/day/year) 9/6/2011

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year) _____