

## S&S Pipeline Services, LLC

Employee Name \_\_\_\_\_ Hire Date \_\_\_\_\_

### Items Needed for Employment with S&S Pipeline Services, LLC:

1. Sign and date all forms in the employment packet
2. If employee will only be working in one state it is only required to complete the tax form for that state.
3. Please complete workers' compensation records request for MO, KS and OK.  
**MO requires form to be notarized.**
4. Make sure you attach a voided check to the direct deposit authorization form (this is required for verification purposes – failure to do so may delay processing of your payroll)
5. Need a copy of Driver's License
6. Need a copy of Social Security Card
7. Review S&S Employee Safety Handbook and sign Acknowledgement (included in the employment packet)
8. Review S&S Drug, Alcohol, and Contraband Policy and sign Acknowledgement (included in the employment packet)
9. Drug testing should be completed prior to the start of any work. An ePassport will be sent to you so you can complete your drug testing.
10. You must complete the Southern Star Contractor Safety Orientation prior to the start of any work.

\*Payroll is deposited into your account every week; direct deposit is mandatory. A pay sub will be sent to the email address you provided on the direct deposit authorization form. You will be paid weekly on Friday.

\*You must submit your hours worked on the time sheet provided by S&S no later than Sunday night to ensure prompt payment. Pay period is Sunday- Saturday

(Please make sure to include the state yo worked in and RFS/Job #)

# Employee's Withholding Certificate

**2020**

▶ **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.**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <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, when to use the online estimator, and privacy.

**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](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

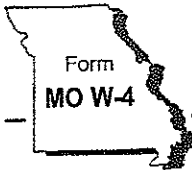
**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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.)

<b>Step 3: Claim Dependents</b>	If your 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 and enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
	S&S Pipeline Services, LLC 424 N Harding Ave Sedalia, MO 65301		472369544



Missouri Department of Revenue  
**Employee's Withholding Certificate**

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Full Name		Social Security Number	
Home Address (Number and Street or Rural Route)		City or Town	State ZIP Code
<p>1. Filing Status: Check the appropriate filing status below.</p> <input type="checkbox"/> Single or Married Spouse Works or Married Filing Separate <input type="checkbox"/> Married (Spouse does not work) <input type="checkbox"/> Head of Household			
<p>2. Additional withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2.....</p>		2	
<p>3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used.....</p>		3	
<p>4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4. ....</p> <input type="checkbox"/> I am exempt because I had a right to a refund of all Missouri income tax withheld last year and expect to have no tax liability this year. A new MO W-4 must be completed annually if you wish to continue the exemption. <input type="checkbox"/> I am exempt because I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability. <input type="checkbox"/> I am exempt because my income is earned as a member of any active duty component of the Armed Forces of the United States and I am eligible for the military income deduction.		4	

**Signature** Under penalties of perjury, I certify that the information provided on this form is true and accurate.

Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY) ____/____/____
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**Employer**

Employer's Name S & S Pipeline Service, LLC	Employer's Address 424 North Harding Avenue
City Sedalia	State Missouri
	ZIP Code 65301
Date Services for Pay First Performed by Employee (MM/DD/YYYY) ____/____/____	Federal Employer I.D. Number 4   7   2   3   6   9   5   4   4
	Missouri Tax Identification Number 2   2   4   3   0   7   1   7

**Notice To Employer:**  
 Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079.  
 Please visit <http://dss.mo.gov/child-support/employers/new-hire-reporting.htm> for additional information regarding new hire reporting.

**Employee Information**  
 Visit our online withholding calculator <https://mytax.mo.gov/rptg/portal/home/withholding-calculator>.

**Items to Remember:**

- Employees must complete a new form if their filing status changes or to adjust the amount of withholding.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.
- Additional information can be found at <https://dor.mo.gov/business/>.

# KANSAS

## EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Use the following instructions to accurately complete your K-4 form, then detach the lower portion and give it to your employer. For assistance, call the Kansas Department of Revenue at 785-368-8222.

**Purpose of the K-4 form:** A completed withholding allowance certificate will let your employer know how much *Kansas* income tax should be withheld from your pay on income you earn from *Kansas* sources. Because your tax situation may change, you may want to re-figure your withholding each year.

**Exemption from Kansas withholding:** To qualify for exempt status you must verify with the Kansas Department of Revenue that: **1)** last year you had the right to a refund of **all** STATE income tax withheld

because you had **no** tax liability; and **2)** this year you will receive a full refund of **all** STATE income tax withheld because you will have **no** tax liability.

**Basic Instructions:** If you are not exempt, complete the **Personal Allowance Worksheet** that follows. The total on line F should **not** exceed the total exemptions you claim under "Exemptions and Dependents" on your *Kansas* income tax return.

**NOTE:** Your status of "Single" or "Joint" may differ from your status claimed on your federal Form W-4).

Using the information from your **Personal Allowance Worksheet**, complete the **K-4** form below, sign it and provide it to your employer. If your employer does not receive

a K-4 form from you, they must withhold *Kansas* income tax from your wages without exemption at the "Single" allowance rate.

**Head of household:** Generally, you may claim head of household filing status on your tax return only if you are **unmarried and pay more than 50% of the cost of keeping up a home for yourself and for your dependent(s).**

**Non-wage income:** If you have a large amount of non-wage *Kansas* source income, such as interest or dividends, consider making *Kansas* estimated tax payments on Form K-40ES. Without these payments, you may owe additional *Kansas* tax when you file your state income tax return.

### Personal Allowance Worksheet (Keep for your records)

- |  |   |
|--|---|
| <p><b>A</b> Allowance Rate: If you are a single filer mark "Single"<br/>                 If you are married and <u>your spouse has income</u> mark "Single"<br/>                 If you are married and your spouse does not work mark "Joint"</p> | <p><b>A</b> <input type="checkbox"/> Single<br/> <input type="checkbox"/> Joint</p> |
| <p><b>B</b> Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld) .....</p>  | <p><b>B</b> _____</p>   |
| <p><b>C</b> Enter "0" or "1" if you are married and only have one job, and your spouse <u>does not</u> work (entering "0" may help you avoid having too little tax withheld) .....</p>   | <p><b>C</b> _____</p>   |
| <p><b>D</b> Enter "2" if you will file head of household on your tax return (see conditions under <i>Head of household</i> above) .....</p>  | <p><b>D</b> _____</p>   |
| <p><b>E</b> Enter the number of dependents you will claim on your tax return. <b>Do not</b> claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4 .....</p>   | <p><b>E</b> _____</p>   |
| <p><b>F</b> Add lines <b>B</b> through <b>E</b> and enter the total here .....</p>   | <p><b>F</b> _____</p>   |

▼ Cut here and give the lower portion to your employer. Keep the top portion for your records. ▼

## Kansas Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the Kansas Department of Revenue. Your employer may be required to send a copy of this form to the Department of Revenue.

1 Print your First Name and Middle Initial	Last Name	2 Social Security Number
Mailing address		3 Allowance Rate Mark the allowance rate selected in Line A above. <input type="checkbox"/> Single <input type="checkbox"/> Joint
4 Total number of allowances you are claiming (from Line F above).....	4	
5 Enter any additional amount you want withheld from each paycheck (this is optional).....	5	\$
6 I claim exemption from withholding. (You must meet the conditions explained in the "Exemption from withholding" instructions above.) If you meet the conditions above, write "Exempt" on this line..... <b>Note: The Kansas Department of Revenue will receive your federal W-2 forms for all years claimed Exempt.</b>	6	
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>SIGN HERE</b> ►		Date
7 Employer's Name and Address S&S Pipeline Services, LLC 424 N Harding Ave Sedalia, MO 65301		8 EIN (Employer ID Number) 472369544

**OKLAHOMA TAX COMMISSION**  
**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

This certificate is for income tax withholding purposes only. Type or print.

**NOTE: Do NOT mail to the Oklahoma Tax Commission.**

Your First Name and Middle Initial	Last Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate	
City or Town	State	ZIP Code

1. Allowance For Yourself: Enter 1 for yourself .....	1	
2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter 0. If no, enter 1 for your spouse.....	2	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4.....	3	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim.....	4	
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here .....	5	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here .....	6	\$
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below .....	7	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OW-9-MSE. See information below .....	8	
9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9 .....	9	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY)
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Form OK-W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Oklahoma when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Oklahoma adjusted gross income will not be taxed by the state of Oklahoma when you file your individual income tax return.

Single	Married Filing Joint
\$1,000 - personal exemption	\$ 2,000 - personal exemption
\$6,350 - standard deduction	\$12,700 - standard deduction
\$7,350 - Total	\$14,700 - Total
+\$1,000 for each dependent	+\$1,000 for each dependent

**ITEMS TO REMEMBER:**

- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4 for your spouse.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4. If both spouses claim the dependents as an allowance on Form OK-W-4, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide Form OW-9-MSE "Annual Withholding Tax Exemption Certification for Military Spouses".
- If you have more than one employer, you should claim a smaller number or no allowances on each Form OK-W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(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.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last 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 [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's 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



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A
OR
List B
AND
List C  
 Identity and Employment Authorization      Identity      Employment Authorization

Document Title	Document Title <i>Driver's license</i>	Document Title <i>Social Security Card</i>
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: 5px; width: 100%;">           Additional Information         </div> <div style="border: 1px solid black; padding: 5px; width: 100%; margin-top: 10px;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </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	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name <i>S&amp;S Pipeline Services LLC</i>
Employer's Business or Organization Address (Street Number and Name) <i>424 N. Harding Ave.</i>	City or Town <i>Sedalia</i>	State <i>MO</i> ZIP Code <i>65301</i>

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

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

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Direct Deposit Authorization Form

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

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

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

Email Address to Receive Paystub: \_\_\_\_\_

**Attach Check Here**

(this is required for verification purposes  
our accountant must have a copy of your check upon hire-  
failure to do so may delay processing of your payroll.  
A photo of a check will be accepted)

Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking OR \_\_\_\_\_ Savings

Amount: \$ \_\_\_\_\_, \_\_\_\_\_%, OR \_\_\_\_\_ Entire Paycheck

I authorize S & S Pipeline Services, LLC to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing. I also authorize S & S Pipeline Services, LLC to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

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



# S&S Pipeline Services, LLC

## Application for Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

### Personal Information

Name		Date of Birth	
Address	City	State	Zip
Phone number	Email address		
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		

If selected for employment are you willing to submit to a background check?  
Yes  No

### Emergency Contact Information

Name			
Address	City	State	Zip
Phone number	Relationship		

### Employment History

Previous Employer	Job title	Dates employed	
Work phone	Starting pay rate	Ending pay rate	
Address	City	State	Zip

## Position

Position you are applying for

Available start date

Desired pay

Employment desired

Full time

Part time

Seasonal/Temporary

## Education

School name	Location	Years attended	Degree received	Major

## References (business and professional only)

Name	Title	Company	Phone

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)

Signature

Date



Applicant's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

**About this Questionnaire:** This Questionnaire is not being used as a basis for deciding whether to employ you. It should be completed only AFTER a conditional offer of employment has been made, but BEFORE you begin work.  
**Instructions:** Please circle YES or NO for each of the following questions. If your answer is YES, provide complete details in the space provided below. Be sure to indicate the question number to which you are providing the details.

**Note:** Where permitted by state law, any Member who falsely represents his/her condition in writing at this time may be denied Workers' Compensation Benefits.

1. Do you have or have you ever had a head injury resulting in a blackout or concussion? YES or NO
2. Do you have or have you ever had a back or spinal injury? YES or NO
3. Do you have or have you ever had a neck injury? YES or NO
4. Do you have or have you ever had a knee or ankle injury? YES or NO
5. Do you have or have you ever had a shoulder or elbow injury? YES or NO
6. Do you have or have you ever had epilepsy, fainting spells, or dizziness? YES or NO
7. Do you have or have you ever had diabetes? YES or NO
8. Do you have or have you ever had heart trouble, stroke or cardiovascular disorder? YES or NO
9. Do you have or have you ever had total loss of sight in one or both eyes? YES or NO
10. Do you have or have you ever had multiple sclerosis? YES or NO
11. Do you have hemophilia (free bleeding)? YES or NO
12. Do you have or have you ever had a lung disorder or difficulty breathing? YES or NO
13. Do you have or have you ever had high blood pressure? YES or NO
14. Do you have or have you ever had asthma or allergies? YES or NO
15. Have you ever had a hernia or rupture? YES or NO
16. Do you have or have you ever had wrist problems, including Carpal Tunnel Syndrome? YES or NO
17. Have you ever filed a Workers' Compensation claim? YES or NO
18. Do you have or have you ever had any condition other than those listed in #1-14 which might affect your ability to perform the job which you have been offered? YES or NO

Give complete details for each question above to which you answered "YES"

*Attach additional sheet if necessary.*

Q#	Name of Condition	Date	Treatment	Physician /Hospital

All statements given on this Questionnaire are true and correct to the best of my knowledge and belief.

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



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
AUTHORIZATION TO RELEASE INFORMATION

**NOTE: Section 287.380 (3) RSMo prohibits the Division from releasing information reported to the Division by an employer or insurer.**

**EMPLOYER:** You must sign and date the statement below or this form will be returned to you.

I hereby certify the information being sought by this request is being made on an applicant for employment only after a conditional job offer has been made, or on a current employee for a purpose which is job-related and consistent with business necessity. I further certify the information obtained in this request will not be used to discriminate in any manner against the individual who is the subject of this request on the basis to disability, in violation of the Americans with Disabilities Act of 1990. 42 U.S.C. §12101 et seq.

Date (must be completed)

Employer's Signature

*owner*

Title of Person Authorized by the Employer to Sign

**To be completed by EMPLOYER: (Black ink only or 10 point font or greater)**

Employer's Full Name S&S Pipeline Services, LLC
Employer's Street Address 424 North Harding Avenue
Employer's City, State, ZIP Code Sedalia, MO 65301

Employer's FEIN

4 7 - 2 3 6 9 5 4 4

**EMPLOYEE:** For you to release this information with this form, you must be an employee or have received an offer of employment.

I hereby voluntarily authorize the Missouri Division of Workers' Compensation to release information to the above referenced employer. The information to be released shall only include information generated by computer search and shall not include any copies of documents which may be in the Division's possession. I understand this authorization will include release of information covering both pending and closed cases involving any work related injuries on file with the Division resolved by a settlement approved by an administrative law judge or Award issued by an administrative law judge.

Date

Employee's Signature

**To be completed by EMPLOYEE: (Black ink only or 10 point font or greater)**

Employee's Full Name
Employee's Street Address
Employee's City, State, ZIP Code

Employee's Social Security Number

- -

State of \_\_\_\_\_, County (and/or City) of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, \_\_\_\_\_ (name of notary), a Notary Public in and for said state, personally appeared \_\_\_\_\_ (name of individual), known to me to be the person who executed the within Authorization to Release Information and acknowledged to me that \_\_\_\_\_ (he/she) executed the same for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my Notarial Seal on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

(Signature of Notary)

Affix Notarial Stamp:

complete this section only

# Request for Workers Compensation Records

## Consent to Release of Electronic Records

I hereby verify that I have been offered employment or am potentially being represented by the individual or entity requesting my records from the Kansas Division of Workers Compensation and give the division permission to release the specified records below to the individual or entity:

S&S Pipeline Services, LLC  
Name of Individual or Entity Requesting Records

Please Mark the Type of Records You Give Permission to Release:

*Injury Report Summaries*

*Case/Docket Summaries*

*Actual Filings (Please Specify)*

*Actual Filings*

---

**ADD PRINT NAME**

---

**Signature of Worker**

---

**Date**

Please return this form to the address listed below along with all appropriate documents and a self addressed stamped envelope. Please note: This request will not be processed if the self-addressed stamped envelope is not provided. (Please note: There is a \$1 charge per search conducted.)

Oklahoma Court of Existing Claims  
Attn: Records Department  
1915 N Stiles Ave  
Oklahoma City, OK 73105

Fold along dotted line. Place in a window envelope so that the address appears.

### REQUEST FOR CLAIMS FILE INFORMATION/PRIOR CLAIMS

Please indicate  the TYPE of search you are requesting (please type or print):

<input type="checkbox"/> By Name
First Name
Last Name

<input checked="" type="checkbox"/> By Social Security Number (Requires Authorization from holder of Social Security Number as evidenced by signature below)	
First Name	Last Name
I authorize the use of my social security number to search for workers' compensation information as evidenced by my signature:	
Signature of SS# Holder:	
Date	Social Security #:

This search is being made on behalf of the following:

Name: S&S Pipeline Services, LLC  
Address : 424 North Harding Avenue  
City: Sedalia State: MO Zip Code: 65301

Please indicate your information below (the preparer of this form):

I declare under **PENALTY OF PURJURY** that the information sought hereby is not for a purpose in violation of any state or federal law. I understand that I am required by law to disclose the person for whom this search request is being made, if different from myself.

Preparer's Signature		Preparer's Printed Name:		
Telephone #	Address:	City:	State:	Zip Code:
660-951-1018	424 North Harding Avenue	Sedalia	MO	65301



10000 S. Highway 100, Suite 100, Sedalia, MO 64581

**DOT Drug/Alcohol History Check**

**Applicant Authorization to Release DOT Drug/Alcohol Test Results**

SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant/Employee: \_\_\_\_\_

Current Employer: S&S Pipeline Services, LLC

Address: 424 North Harding Avenue City: Sedalia St: Missouri Zip: 65301

Phone: 660-951-1018 Fax: 660-851-2734 E-mail: Ashiev.dunham@sspsmo.com

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 PTC 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 Pipeline Testing Consortium, Inc. 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 \_\_\_\_\_

EMP ID (last 4 Digits of SS#) \_\_\_\_\_

Date \_\_\_\_\_

**RELEASE OF PREVIOUS EMPLOYER'S DOT DRUG/ALCOHOL TEST 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 \_\_\_\_\_

\*A reproduction of this authorization shall be deemed as effective and valid as an original. Rev. 2012

Fill out this section ONLY



## Employee Acknowledgment

This review was conducted to introduce our new employees to **S&S Pipeline Services, LLC** and provide them with an understanding of our company's commitment in maintaining a productive and safety conscious workforce.

I, \_\_\_\_\_, acknowledge receipt of the Employee Safety Handbook for **S&S Pipeline Services, LLC**.

Specifically, I have been instructed on the company's safety policies and procedures relating to safety in the workplace. I understand the importance of protecting myself and my fellow workers from potential exposure and hazards and I understand that safety is a condition of my employment.

I further understand that it is my responsibility to immediately inform my immediate *supervisor* or the designated on-site *safety coordinator* of any potential hazards, unsafe work practices or working conditions I am not familiar with or do not know how to handle safely. As an employee of **S&S Pipeline Services, LLC**, I will do my part to help maintain a safe and healthful workplace environment.

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

\_\_\_\_\_  
Date





## Acknowledgment of Drug and Alcohol Contraband Policy Receipt

### Attachment B

I hereby acknowledge that I have been provided a copy of the **S&S Pipeline Services, LLC** drug/alcohol policy requirements. I understand that disciplinary action up to and including termination, will result if I violate this policy.

I also hereby authorize and consent to disclosure by **S&S Pipeline Services, LLC** and its agents, including, but not limited to, any collecting and testing agencies of the drug and alcohol test results and any related information to customers of **S&S Pipeline Services, LLC** and its authorized agents, assigns, or representatives.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Employee Name

\_\_\_\_\_  
Employee ID (last 4 SS#)

\*\*\* This consent form is for the release of DOT test. Please follow DOT regulations if you choose to submit DOT test results in place of non-dot in order to meet the requirements for a specific client \*\*\*