

**Employment Application****Applicant Information**

Full Name _____ Date _____
Last First M.I.

Mailing Address _____
Street Address Apartment/Unit #

City State ZIP Code

Phone (____) _____ Date of Birth _____

Date Available _____ Social Security No _____ Desired Salary \$ _____

Position Applied For _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain _____

Previous Employment

Company _____ Phone: (____) _____

Address _____ Supervisor: _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To: _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company _____ Phone (____) _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Disclaimer and Signature

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 release.

Signature: _____ Date: _____

SCORPION EXPLORATION & PRODUCTION, INC.

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future Company policies, rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. ***I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT IS "AT-WILL", MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.***
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
5. I have read and reviewed the information provided in this application and understand the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and accurately.

Signature

Date

Equal Opportunity Statement

Scorpion Exploration & Production, Inc. is an Equal Opportunity employer and does not discriminate on the basis of age, race, color, religion, sex, sexual orientation, disability, national origin or Vietnam era or other veteran status. Any complaint arising by reason of alleged discrimination should be directed to the Main Office of Scorpion Exploration & Production, Inc., P.O. Box 643, Benavides, Texas 78341 (361) 256-4726.

Per Diem Policy

Qualifications for the per diem are as follows:

1. Employee must have worked an 8 hour shift
2. Employee must have completed the work hitch/per diem pay period.

Disqualifications for per diem are as followed:

1. Employee quit working before the work hitch/per diem pay period.
2. Employee fails to report without reporting to the Tool Pusher/Driller/Office.

Per diems are mailed on a bi-weekly basis with the payroll check. A "work hitch" is defined as the beginning of the pay period, to the end of the 2 week calendar pay period. The "hitch" is not the 8 days of scheduled work.

My signature below indicates I have read and I completely understand the qualifications and disqualifications of the per diem policy.

Employee Signature

Date

Employee Name (Print)

Social Security Number

Form W-4 (2010)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2010		
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
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.				
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the 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	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	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 of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #) _____
☐ An alien authorized to work (Alien # or Admission #) _____
until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

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: _____		_____		_____
Issuing authority: _____		_____		_____
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 authorized 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
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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 authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

SCORPION EXPLORATION & PRODUCTION, INC.

Theft/Contraband/Illegal Drugs/Insurance Policy and Procedure

1. Purpose

This Policy becomes effective January 1, 2004 to protect and promote the safety and security of employees and other affected by Scorpion Exploration & Production, Inc. operations (hereafter referred to as "The Company"). The following is the Company's policy regarding theft, contraband, illegal drugs and /or other illegal substances and insurance. It includes consequences for violation.

2. Policy

A. Theft: Theft, conversion or misappropriation of Company property (materials, tools, equipment, clothing, fuel) or of any property belonging to others located in or on Company owned or operated facilities is PROHIBITED.

B. Contraband: The possession, transportation or sale of stolen or misappropriated property, narcotics, illegal drugs, other prohibited, illegal or controlled substances in or on any Company vehicle, office, yard, rig location or construction site is PROHIBITED. The only exception shall be for properly reported prescription drugs prescribed by a licensed physician as medication for use by the person possessing the medication.

C. Narcotics, Illegal Drugs or Intoxicating Beverages:

Reporting to work in possession or under the influence of or having recently taken narcotics, illegal drugs or intoxicating beverages other than prescribed medication or controlled substances which are part of a prescribed medical treatment program is EXPRESSLY PROHIBITED. Possession, use, indulgence, ingestion or consumption of narcotics, illegal drugs or intoxicating beverages (except prescription medication or medical treatment) in or on any Company vehicle, office, yard, rig location or construction site is also EXPRESSLY PROHIBITED.

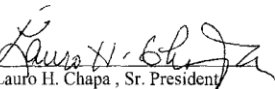
D. Searches, Investigations and Tests: To accomplish the purpose of this Policy, the Company maintains the right to:

1. Search the person, vehicle, personal effects, luggage, or lockers of anyone entering Company controlled premises or property for any of the items and /or substances describes in this policy WITHOUT PRIOR NOTICE OR WARNING SEARCHES MAY BE MADE AT ANY TIME OF ANY EMPLOYEE'S OF THE COMPANY OR ANY OTHERS HAVING BUSINESS WITH THE COMPANY ON COMPANY CONTROLLED PREMISES
2. REQUIRE APPLICANT FOR HIRE in 40 hour per week positions to under go PHYSICAL EXAMINATION, URINALYSIS TEST and /or BLOOD TESTS as a precondition to starting work on any Company job or project.
3. REQUEST EMPLOYEES to take SCHEDULED URINALYSIS or BLOOD TESTS;
4. REQUEST EMPLOYEES to take RANDOM SPOT CHECK URINALYSIS or BLOOD TESTS:

E. Discipline / Consequences:

1. Employees of the Company have the right to refuse any searches and/ or tests. However refusal to participate in such searches and tests by any employee of the Company without satisfactory explanation to management will be cause for disciplinary action up to and including immediate discharge;
2. Any employee of the Company determined by the Company to be in violation of this policy regarding Theft and/or Contraband without satisfactory explanation to management will be subject to disciplinary action up to and including immediate discharge;
3. Any employee of the Company determined by the Company to be in violation of this Policy, regardless of when, how or where the narcotic, illegal drug, substance or intoxicating beverage entered the employee's system, without an explanation satisfactory to management WILL BE TERMINATED IMMEDIATELY.
4. Employees or representatives of other or independent contractors doing business with the Company who fail to comply with this policy or who refuse search by authorized Company personal shall be immediately removed from Company controlled premises, and any contractual or business relationship between the Company and such persons and / or their employer/ principal will be subject to termination.
5. Illegal, unauthorized or prohibited items or substances may be confiscated by the Company at its sole discretion; and along with other evidence of illegal activities, such items will be turned over to appropriate law enforcement authorities. The Company will cooperate as required with law enforcement authorities. The Company will cooperate as required with law enforcement agencies in any criminal investigations or proceedings related to or arising from enforcement or implementation of this policy.

F. Workman's Compensation Insurance: Scorpion Exploration & Production Inc. has Workers' Compensation Insurance coverage from Commerce & Industry Insurance Company to protect you in the event of work-related injury or illness. By my signature below I waive my rights to any lawsuit against Scorpion Exploration & Production, Inc. or its officers.

BY: 
Lauro H. Chapa, Sr. President

I HAVE READ, UNDERSTAND, AND WILL ABIDE BY THE ABOVE POLICY.

Employee Signature

Date

Print Name

**SCORPION EXPLORATION & PRODUCTION, INC.
CRIMINAL & DRIVING RECORD BACKGROUND CHECK
PROCESS**

I, _____, hereby authorize Scorpion Exploration & Production, Inc. and/or any of its officers, employees, or agents to conduct a background check which includes references, past employment, criminal and driving records in order to confirm my qualifications for employment as represented on my resume or employment application.

By signing below, I release Scorpion Exploration & Production, Inc. and/or any of its officers, employees, and/or agents, as well as any person or entity providing information on my background pursuant to this acknowledgement form, from any and all liability in relation to the information obtained from any and all of the above referenced sources used.

Applicant's Signature: _____

Date: _____

Applicant's Full Legal Name: _____

Applicant's Current Address: _____

How Long At This Address?: _____

Driver's License Number: _____

State of Issue: _____

Date of Birth: _____

Social Security No.: _____