

SOAR ENERGY SOLUTIONS, LLC 512 TOPAZ AVE., STILLWATER, Oklahoma 74075 405-334-1561

SOAR ENERGY SOLUTIONS, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

<u>Applicant Information</u>		
Applicant Name:		
Address:		
City, State and Zip Code:		
Telephone Number:		
Email Address:		
Date of Application:		
Employment Position Position(s) applying for: (full time)		
How did you hear about this position?		
If needed, are you available to work overtime?		
On what date can you start working if you are hired?		
Salary desired:		
Personal Information		
Have you ever applied to or worked for SOAR ENERGY SOLUTIONS, LLC before?	Yes	No
If yes, when?		
Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No

Will you consent to a ma	ndatory controlled substance to	est?	Yes
	ricted of a criminal offense (felo		Yes
ii yes, piease state the ne	ature of the crime(s), when and	winere convicted and a	
Job Skills/Qualifications Please list below the skills	and qualifications you possess	for the position for which	ch you are apply
measures that may be ned	JTIONS, LLC complies with the Accessary for eligible applicants/en		
measures that may be ned Education and Training High School	cessary for eligible applicants/er	mployees to perform ess	sential functions
measures that may be ned Education and Training	cessary for eligible applicants/e		sential functions
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Education and Training High School Name College/University	Location (City, State) Location (City, State)	Year Graduated	Degree Earn
Education and Training High School Name College/University Name Vocational School/Specia	Location (City, State) Armed Services? ary did you enlist? Tank when discharged?	Year Graduated Year Graduated	Degree Ear Degree Ear

Previous Employment	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
References	
Please provide 3 personal and profession	nal reference(s) below:
Reference	Contact Information

Form W-4 (2015)

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 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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-eamers/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 can 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

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Valencia per de la colo nala la colonala		Allowances Worksh						
A	Enter "1" for yourself if no one else can cla		* * * *					
	You are single and have					Marine.		
В	Enter "1" if: You are married, have or	nly one job, and your sp	ouse does not	work; or		8		
	Your wages from a secon	P)						
C	Enter "1" for your spouse. But, you may ch							
than one job. (Entering "-0-" may help you avoid having too little tax withheld.)						- San Care Selection of the Selection of		
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return							
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)							
F	Enter "1" if you have at least \$2,000 of child	7						
	(Note. Do not include child support paymer	nts. See Pub. 503, Child	and Depende	nt Care Expenses, f	or details.)			
G	Child Tax Credit (including additional child							
	• If your total income will be less than \$65,0	000 (\$100,000 if married), enter "2" for	each eligible child;	then less "1" i	fyou		
	have two to four eligible children or less "2"							
	 If your total income will be between \$65,000 ar 							
Н	Add lines A through G and enter total here. (Not	te. This may be different for	rom the number	of exemptions you cla	aim on your tax	return.) > H		
	/ • If you plan to itemize or	claim adjustments to it	ncome and war	nt to reduce your with	holding, see th	e Deductions		
	For accuracy, and Adjustments Work	sheet on page 2.						
	complete all • If you are single and he worksheets earnings from all jobs exceptions.	ave more than one job	or are married married) see t	and you and your s he Two-Earners/Mu	spouse both w Iltiple Jobs Wo	ork and the combine orksheet on page 2		
	that apply. avoid having too little tax		maniody, oco i					
	• If neither of the above s	ituations applies, stop h	ere and enter th	e number from line h	I on line 5 of Fo	rm W-4 below.		
Depar	tment of the Treasury Whether you are entitle	's Withholding do claim a certain number IRS. Your employer may b	er of allowances	or exemption from wit	nholding is	OMB No. 1545-0074 2015		
interna 1	Your first name and middle initial	Last name				security number		
ARABAR ARABAR AND		\$						
	Home address (number and street or rural route)			Married Marr				
			Note. If married, b	out legally separated, or spo	use is a nonresident	alien, check the "Single" bo		
ADDRESS NAME OF THE	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 1-800-7	772-1213 for a re	placement card.		
5	Total number of allowances you are clain	ning (from line H above	or from the ap	olicable worksheet o	on page 2)	5		
6								
7	I claim exemption from withholding for 20					on.		
	• Last year I had a right to a refund of all							
	• This year I expect a refund of all federa	I income tax withheld be	ecause l'expec	t to have no tax liab	oility.			
	If you meet both conditions, write "Exem	pt" here	* * * * *		7			
Und	er penalties of perjury, I declare that I have exar	nined this certificate and	, to the best of I	my knowledge and b	elief, it is true, c	orrect, and complete		
	oloyee's signature s form is not valid unless you sign it.) ▶				Date ▶			
8		ete lines 8 and 10 only if sen	ding to the IRS.)	9 Office code (optional)	10 Employer	dentification number (EIN		
For	Privacy Act and Paperwork Reduction Act N	otice, see page 2.		Cat. No. 10220Q		Form W-4 (20		

1 (20.0)								
			Company of the Compan		in the second and the second of the second o			
te. Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.								
Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not								
							National Control of the Control of t	
Enter: \$9	,250 if head o	of household			* * * *	2	\$	
Subtract line	2 from line 1.	If zero or less, enter	"-0-"	* * * * * *		3	\$	
Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to								
Enter an estin	nate of your 2	015 nonwage income	e (such as div	idends or interest) .	* * * *	6	\$	
							. Marie de la	
Add lines 8 ar	nd 9 and ente	r the total here. If you	uplan to use	the Two-Earners/Mult	iple Jobs Wo	orksheet,		
also enter this	s total on line	1 below. Otherwise,	stop here and	d enter this total on For	m W-4, line 5	, page 1 10		
1	wo-Earner	rs/Multiple Jobs \	Norksheet	(See Two earners o	r multiple j	obs on page 1	.)	
. Use this work	sheet only if t	the instructions under	line H on pa	ge 1 direct you here.				
Enter the numb	er from line H,	page 1 (or from line 10 a	bove if you use	ed the Deductions and Ac	ljustments Wo	rksheet) 1		
Find the num	ber in Table	1 below that applies	to the LOWE	ST paying job and ent	er it here. Ho	wever, if		
you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"								
If line 1 is mo	ore than or	equal to line 2, subti	ract line 2 fro	m line 1. Enter the res	sult here (if ze	ero, enter	- diversity of the Court of the	
"-0-") and on	Form W-4, lir	ne 5, page 1. Do not	use the rest c	f this worksheet	* * * *	3		
te. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.								
Enter the nun	nber from line	1 of this worksheet	* * * *	* * * * * *	5			
Subtract line	5 from line 4	* * * * * *	* * * *	* * * * * *	* * * *	6	was success-and cale	
Find the amo	unt in Table 2	below that applies to	o the HIGHES	ST paying job and ente	r it here .	7	\$	
							\$	
	Tale	le 1			Tal	ble 2		
Married Filing	Jointly	All Other	S	Married Filing J	ointly	All	Other	S
	Enter on line 2 above	If wages from LOWEST paying job are —	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIG paying job are—	HEST	Enter on line 7 above
001 - 24,000 001 - 34,000 001 - 44,000 001 - 50,000 001 - 65,000 001 - 75,000 001 - 80,000 001 - 100,000	0 1 2 3 4 5 6 7 8 9 10 11 12 13	\$0 - \$8,000 8,001 - 17,000 17,001 - 26,000 26,001 - 34,000 34,001 - 44,000 44,001 - 75,000 75,001 - 85,000 85,001 - 110,000 110,001 - 125,000 125,001 - 140,000 140,001 and over	0 1 2 3 4 5 6 7 8 9	\$0 - \$75,000 75,001 - 135,000 135,001 - 205,000 205,001 - 360,000 360,001 - 405,000 405,001 and over	\$600 1,000 1,120 1,320 1,400 1,580	38,001 - 83 83,001 - 180 180,001 - 395	3,000 0,000 5,000	\$600 1,000 1,120 1,320 1,580
	Enter an estimate and local taxes, income, and misc and you are marrichead of household for the add of household for the angular form. Subtract line and lines a and so enter this enter the number of the angular form. If line 1 is more figure the add lines and figure the add lines and also enter this enter the number of the angular form. If line 1 is more figure the add lines and figure the add	Use this worksheet only if yenter an estimate of your 2015 ite and local taxes, medical expense income, and miscellaneous deduct and you are married filing jointly or head of household or a qualifying well and you are married filing jointly or head of household or a qualifying well and you are married filing jointly or head of household or a qualifying well and you are married filing jointly should be s	Use this worksheet only if you plan to itemize de Enter an estimate of your 2015 itemized deductions. These and local taxes, medical expenses in excess of 10% (7.5% income, and miscellaneous deductions. For 2015, you may I and you are married filing jointly or are a qualifying widow(er); or \$154,950 ity head of household or a qualifying widow(er); or \$154,950 ity head of household \$6,300 if single or married filing sepa Subtract line 2 from line 1. If zero or less, enter Enter an estimate of your 2015 adjustments to inc Add lines 3 and 4 and enter the total. (Includ Withholding Allowances for 2015 Form W-4 wor Enter an estimate of your 2015 nonwage income Subtract line 6 from line 5. If zero or less, enter Divide the amount on line 7 by \$4,000 and ente Enter the number from the Personal Allowance Add lines 8 and 9 and enter the total here. If you also enter this total on line 1 below. Otherwise, subtract his total on line 1 below that applies you are married filing jointly and wages from the than "3" If line 1 is more than or equal to line 2, subtract line 5 from line 2, enter "0-" on Form V figure the additional withholding amount necess Enter the number from line 2 of this worksheet Enter the number from line 2 of this worksheet Subtract line 5 from line 4 Find the amount in Table 2 below that applies to Multiply line 7 by line 6 and enter the result here Divide line 8 by the number of pay periods remaining weeks and you complete this form on a date in Jathe result here and on Form W-4, line 6, page 1. The Table 1 Married Filing Jointly If wages from LOWEST Enter on line 2 above line 6, page 1. The Table 1 Married Filing Jointly If wages from LOWEST Enter on line 6, page 1. The Table 1 Married Filing Jointly If wages from LOWEST line 2 above line 6, page 1. 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See Pub. 505 if \$6,300 if single or married filling separately. See Pub. 505 if \$6,300 if single or married filling separately. Subtract line 2 from line 1. If zero or less, enter "-0-" Enter an estimate of your 2015 adjustments to income and any additional standard ded Add lines 3 and 4 and enter the total. (include any amount for credits from the Withholding Allowances for 2015 Form W-4 worksheet in Pub. 505.). Enter an estimate of your 2015 nonwage income (such as dividends or interest). Subtract line 6 from line 5. If zero or less, enter "-0-" Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction Enter the number from the Personal Allowances Worksheet, line H, page 1. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multi also enter this total on line 1 below. Otherwise, stop here and enter this total on line 1 below. Otherwise, stop here and enter this total on line 1 below. Otherwise, stop here and enter this total on line 1 below. Otherwise, stop here and enter this total on line 1 below. Otherwise, stop here and enter this total on line 1 below. Otherwise, stop here and enter this total on line 1 below. The line 1 is les	Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to the provided the second of the provided that is the provided that provided the provided the provided that provid	Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income. Enter an estimate of your 2015 isemzed deductions. These include qualitying hores mortgage interest, tharitable contributions, state and local larves, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and misceleneous deductions. For 2015, you may have to reduce your herized deductions if you income is oner \$30,900 and you are married filling jointly or are a qualifying widow(e); 0°514-93(1) you are married filling pointly or are a qualifying widow(e); 0°514-93(1) you are married filling pointly or are a qualifying widow(e); 0°514-93(1) you are married filling separately. See Pub. 505 for details 15,800 if single or married filling pointly or qualifying widow(e); 0°514-93(1) you are married filling separately. See Pub. 505 for details 15,800 if single or married filling pointly or qualifying widow(e); 0°514-93(1) you are married filling separately. See Pub. 505 for details 15,800 if single or married filling separately. See Pub. 505 for details 15,800 if single or married filling separately. See Pub. 505 for details 15,800 if single or married filling separately. See Pub. 505 for details 15,800 if single or married filling separately. Subtract line 2 from line 1. 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Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.