

HILL RESOURCES, INC.
1850 E. Lowden St.
Abilene, TX 79601
(325) 673-3346 ph / (325) 673-3310 fax

APPLICATION FOR EMPLOYMENT

NAME: _____ SSN _____
 LAST FIRST MIDDLE

ADDRESS: _____
 STREET CITY STATE ZIP

TELEPHONE NO.: _____

DRIVERS LICENSE NO.: _____ STATE: _____

POSITION DESIRED: _____ FULL TIME: _____ PART TIME: _____

DATE AVAILABLE: _____ HOURS AVAILABLE: _____

EDUCATION

Circle highest grades attended.

HIGH SCHOOL: 9 10 11 12 DEGREE _____ COLLEGE: 1 2 3 4 DEGREE _____

OTHER: _____

CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS (indicate types & dates):

BRIEFLY DESCRIBE ANY SPECIAL SKILLS/QUALIFICATIONS YOU WOULD LIKE TO HAVE CONSIDERED (both technical and personal)

BRIEFLY SUMMARIZE YOUR PRIMARY REASONS FOR WANTING TO WORK IN THIS FIELD:

HAVE YOU EVER BEEN CONVICTED BY FEDERAL, STATE OR ANY OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL, STATE, COUNTY, OR MUNICIPAL LAW, REGULATION OR ORDINANCE (OTHER THAN MINOR TRAFFIC VIOLATIONS)? DWI IS NOT A MINOR TRAFFIC VIOLATION. DO NOT INCLUDE ANYTHING THAT HAPPENED BEFORE YOUR 14TH BIRTHDAY.

_____ NO _____ YES - IF YES, GIVE DETAILS: _____

EMPLOYMENT EXPERIENCE

PLEASE PROVIDE INFORMATION REGARDING YOUR PAST YEARS OF EMPLOYMENT, BEGINNING WITH LAST OR PRESENT EMPLOYER.

EMPLOYER: _____ POSITION: _____
ADDRESS: _____ TELEPHONE NO.: _____
IMMEDIATE SUPERVISOR: _____
STARTING DATE: _____ STARTING SALARY: _____
ENDING DATE: _____ ENDING SALARY: _____
BRIEFLY DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ POSITION: _____
ADDRESS: _____ TELEPHONE NO.: _____
IMMEDIATE SUPERVISOR: _____
STARTING DATE: _____ STARTING SALARY: _____
ENDING DATE: _____ ENDING SALARY: _____
BRIEFLY DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ POSITION: _____
ADDRESS: _____ TELEPHONE NO.: _____
IMMEDIATE SUPERVISOR: _____
STARTING DATE: _____ STARTING SALARY: _____
ENDING DATE: _____ ENDING SALARY: _____
BRIEFLY DESCRIBE YOUR DUTIES: _____

REASON FOR LEAVING: _____

REFERENCES

NAME ADDRESS TELEPHONE
NO.

NAME ADDRESS TELEPHONE NO.

NAME ADDRESS TELEPHONE NO.

Federal law mandates that persons convicted of certain crimes may not work in most facilities providing care to the aged and disabled. Therefore, a criminal check will be performed. If you are chosen for this position, any offer of employment is considered temporary, pending the results of the criminal check.

I hereby certify that the foregoing statements as well as those on any attachment(s) are to the best of my knowledge, true and correct and are given of my own free will. I agree that any misstatement or omission may constitute grounds for unfavorable consideration of dismissal from employment. I understand that, if employed, I will serve an initial probationary period during which I may be separated from employment as unsuited to the assigned position.

APPLICANT'S SIGNATURE

DATE

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I HEREBY AUTHORIZE _____, MY PREVIOUS EMPLOYER TO RELEASE TO HILL RESOURCES, INC. THE INFORMATION REQUESTED BELOW.

APPLICANT'S SIGNATURE

SSN: _____

DATE

HOW LONG WAS THIS PERSON EMPLOYED WITH YOUR COMPANY? _____

DID THIS EMPLOYEE:

WORK WELL WITH OTHERS? _____

HAVE GOOD ATTENDANCE AND PUNCTUALITY? _____

ACCEPT DIRECTION WELL? _____

POSSESS THE CAPABILITIES OF WORKING UNSUPERVISED? _____

POSSESS HONESTY/TRUSTWORTHY TRAITS? _____

PLEASE STATE REASON EMPLOYEE LEFT YOUR EMPLOY _____

WOULD YOU REHIRE THIS EMPLOYEE? ____ YES ____ NO - IF NO, PLEASE GIVE DETAILS:

PLEASE FILL OUT THE INFORMATION REQUESTED ABOVE AND RETURN. WE HAVE ENCLOSED A SELF ADDRESSED STAMPED ENVELOPE FOR YOUR CONVENIENCE.

THANK YOU.

HILL RESOURCES, INC.
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ABILENE, TEXAS 79601
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