DATE:		
DAID		

EMPLOYMENT APPLICATION (Incomplete applications will not be processed)

Name:		SSN	DO	В
Name: Last	First	Middle		
Address:				
Street	Cit	ty	State	Zip Code
Telephone No.:				
List any other nam	nes used if diffe	erent from name g	tiven on application	(Include maiden):
Drivers License N	o.:		State:	
Position Desired:			Full Time:	Part Time:
Date Available (m	m/dd/yyyy): _	/		_
Days/Hours Availa	able: □ M □	T 🗆 W 🗆 Th	□F □Sat □Su	ın
EDUCATION				
Circle highest grad	les attended:			
High School: 9 10	11 12 De	gree	College: 1 2 3 4	Degree
Relevant Licenses	or Certificate	(indicate date and	type):	
Briefly describe ar technical and person	- 4	s/qualifications yo	ou feel should be co	nsidered (both
Briefly summarize	your primary	reason for wantin	g to work in this fie	ld:

EMPLOYMENT APPLICATION

(Incomplete applications will not be processed)

EMPLOYMENT HISTORY

Please provide information regarding your employment experience beginning with your most recent job first:

Employer:	Position:		
	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:			
Ending Date:	Ending Salary:		
Briefly describe your duties:			
Reason for leaving:			
Employer:	Position:		
Address:	Telephone No.:		
Immediate Supervisor:			
Starting Date:		· · · · · · · · · · · · · · · · · · ·	
Ending Date: Ending Salary:			

EMPLOYMENT APPLICATION (Incomplete applications will not be processed)

EMPLOYMENT HISTORY CONT.	
Briefly describe your duties:	
Reason for leaving:	

REFERENCES (non-blood related) (Incomplete applications will not be processed)

Name:	Address:	Phone No.:	
For Administrative Use Only: Association: Comments:		Length of Association:	
	_ Address:	Phone No.:	
Comments:			
Name:	_ Address:	Phone No.:	
For Administrative Use Only: Association: Comments:		Length of Association:	Unional Passage Andrews
of a misdemeanor or felo sentence such as deferred are not applicable and Di the TX Dept. of Aging & I	ny; been placed adjudication in c VI is not consider Disability Service minal History cha	l, State, or Local Law Enforcement authority on probation; fined or given a suspended ourt? (Please note that minor traffic violations red a minor traffic violation. As required by s TAC Code §90.42, Hill Resources, Inc. is eck on all applicants.)	

EMPLOYMENT APPLICATION (Incomplete applications will not be processed)

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 SIGNATURE	DATE	

EMPLOYMENT APPLICATION

I,, hereby authorize following information to Hill Resources, Inc.	my previ	ous emp	ployer to release the	
APPLICANT SIGNATURE	DATI	3		
PREVIOUS EMPLOYER QUESTIONNAIRE				
How long was this person employed by you?			_□ mths. □ yrs.	
Did this person:				
a) Provide a safe and healthy environmen	t? □ Yes	□ No	□ N/A	
b) Work well with others?	□ Yes	□ No		
c) Have good attendance/punctuality?	□ Yes	□ No		
d) Accept direction well?	□ Yes	□ No		
e) Require constant supervision?	□ Yes	□ No		
f) Is honest and trustworthy?	□ Yes	□ No		
Is this person rehire-able?	□ Yes	□ No		
Please return questionnaire to: Hill Resources, Inc.				

(325) 673-3310 fax