

Application for Employment

PERSONAL INFORMATION					
Full Name:					
(First)	(Middle)	(Last)			
Address:	(6)	(6)	(7:)		
(Street) Social Security Number:	(City)	(State)	, ,,		
Email:					
Are You Legally Eligible for Employment in the U	Inited States?				
APPLICAN	IT INFORMATION				
Position Applying For:	Salary Desired: _		_		
Date Available for Work:					
Have you previously been employed by HilArk a	nd/or HilBilt?				
***If "YES", what position and when?					
Where did you hear about this employment opp	portunity?				
ED	UCATION				
High School or Equivalent:					
Location:					
Graduated Year (or Years Completed):		YES -o	r- NO		
		Circle			
College or Business/Trade School:					
Location:					
Graduated Year (or Years Completed):	Degree: YES -or- NO Circle One				
WORK	EVERNENCE				
WORK	EXPERIENCE	_	_		
Job Title:	Employment Dates: _				
Name of Employer:		(Start)	(End)		
Address:					
(Street)	(City)	(State)	(Zip)		
Supervisor:	Phone:				
Job Duties / Responsibilities:					
Salary: Ma	ay we contact this employer? _				

WORK EXPERIENCE (CONT) Job Title: ______ Employment Dates: _ (Start) (End) Name of Employer: _____ Address: ___ (Street) (City) (State) (Zip) Supervisor: Phone: Job Duties / Responsibilities: Salary: _____ May we contact this employer? (Start) (End) Job Title: Employment Dates: ____ (Start) (End) Name of Employer: _____ Address: _____ (Street) (City) (State) (Zip) Phone: Supervisor: Job Duties / Responsibilities: Salary: May we contact this employer? (Start) (End) Job Title: _____ Employment Dates: _ (End) (Start) Name of Employer: Address: ___ (Street) (City) (State) (Zip) Supervisor: ______ Phone: _____ Job Duties / Responsibilities: May we contact this employer? _____ Salary: ____ (Start) (End) Job Title: _____ Employment Dates: __ (End) Name of Employer: Address: _____ (Street) (City) (State) (Zip) _____ Phone: _____ Supervisor: Job Duties / Responsibilities: Salary: ____ May we contact this employer? _____

(Start)

(End)

Please describe your level of experience with any of the following:			
Welding:	Fabrication:		
Painting:	Hydraulics:		
Forklift:	Overhead Crane:		
Parts / Inventory:			
Additional Relevant Skills:			
ADDITIONAL PERS	SONAL INFORMATION		
Drivers License Number:	State Issuing License:		
List all traffic violations within the past 5 years wh	ich resulted in a conviction or guilty plea:		
Have you ever been convicted of a crime, excludir	ng misdemeanors?		
If "Yes" provide date(s), location(s) and disposition	n of the case:		
***Note: A conviction of a crime is not an automo	atic bar to employment with HilArk.		
All circumstances will be carefully consid	• •		
PROFESSION	VAL REFERENCES		
	erences, not related to you, that we may contact		
Name:			
Relationship:			
Phone Number:	Email Address:		
Name:	Organization:		
Relationship:	Years Known:		
Phone Number:	Email Address:		
N	O constructions		
Name:			
Relationship:			
Phone Number:	Email Address:		

TERMS OF CONSIDERATION

In making this application for employment an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or other acquaintances. Such an inquiry would include information as to character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I authorize you to communicate with persons listed as references, former employers and any others whom you desire to check. I agree to hold such persons harmless with respect to any information they may provide regarding my prospective employment.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on HilArk Industries. I understand this decision is to rest with HilArk.

If employed, I agree to hold in strictest confidence any information concerning HilArk, its' Insureds and its' Agents which may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of HilArk and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either the company or myself. I understand that completion of this Application for Employment does not guarantee that I will be employed by HilArk Industries.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception or false statement made in this Application for Employment may result in my not being considered for employment and if not discovered by HilArk until after employment is grounds for and may result in my immediate termination.

I understand that HilArk requres the successful completion of a urinalysis for drug testing purposes as a condition of employment. By submitting this Application for Employment I hereby consent to drug testing at the company's discretion.

Signed:		Date:	
	(Applicant)		
Reviewed:		Date:	
	(HilArk Representative)		