



Hill Services

Dear Applicant,

I would like to thank you for your interest in working for Hill Services. Please complete this application. Upon completion, please return to the Hill Services office located at 4940 Covington Way, Memphis, TN 38128. All applications will be reviewed and kept for a minimum of six months. After you have submitted your application it is not necessary to call and check the status of your application. Hill Services accepts applications year round and contacts qualified applicants when positions become available. It is important that you include your telephone number on the application, so that we can contact you if necessary.

Hill Services is a member of the Tennessee Drug Free Work Place program. All applicants will be required to undergo a pre-employment drug screen and will be eligible for random drug screens during employment. Hill Services has a zero tolerance rule on the use of illegal narcotics.

All candidates for employment are required to have a valid driver's license. All applicants must have a clean motor vehicle report which will be checked during the pre-employment screening process.

Hill Services does not work on a set schedule. All employees must be available to work on nights, weekends and holidays.

All employees of Hill Services work on an on-call rotation. Anyone who becomes employed by Hill Services will be required to be available 24/7 during their rotation.

Hill Services is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. Hill Services desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical and mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Employment Application

Please fill out completely. Type in your information or handprint using a black or blue pen.

Personal Information

Name (Last, First, MI)

Street address

City, State, Zip

Home phone number

Work phone number

Cell phone number

E-mail address

Driver's license number/state/expiration *(if job involves any driving)*

Employment Desired

Position applied for

How did you hear about this position?

Date available for work

Desired hours (full time, part time, etc.)

Education

	Name of School	City, State	Degree/ Diploma
High School			
Undergraduate College			
Graduate/ Professional			
Other (Specify)			

List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 10):

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Last Name, First Initial:

Today's Date:

Employment Application

Employment History

3.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Pay	Ending Pay	2.
	Phone number				3.
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

4.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Pay	Ending Pay	2.
	Phone number				3.
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

[PLEASE CONTINUE ON NEXT PAGE]

Employment Application

Employment History

5.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Pay	Ending Pay	2.
	Phone number				3.
	Fax number	Supervisor		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

6.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Pay	Ending Pay	2.
	Phone number				3.
	Fax number	Supervisor		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

[PLEASE CONTINUE ON NEXT PAGE]

Employment Application

Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

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List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify formal job training that relates to this position:

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Identify what skills or certifications you possess related to this position:

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If hired, what value would you bring to our company?

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Describe what you believe are the most unique features of your work history:

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Employment Application

Additional Information

Have you ever been employed with this company before? Yes No
If Yes, when?

Do you have any friends or relatives employed by this company? Yes No
If Yes, please provide their names and relationship to you:

Are you currently employed? Yes No
May we contact your employer? Yes No
Are you currently on "lay off" status and subject to recall? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Do you or will you in the future require sponsorship for employment visa status (e.g. H-1B visa status)? Yes No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)" Yes No N/A

If hired, do you have a reliable means of transportation to and from work? Yes No

If hired, would you be able to travel or work overtime or weekends as needed? Yes No

INSTRUCTIONS FOR ANSWERING APPLICATION QUESTION ABOUT BEING CONVICTED OF A CRIME OR OTHER STATE-SPECIFIC REQUIREMENTS

Please respond to the following questions in the most complete and accurate manner possible. Do not identify convictions for convictions for which the criminal record has been expunged or sealed by the court or, misdemeanor convictions for which any probation has been completed and the case dismissed by the court. Furthermore, please note that no applicant will be denied employment solely on the grounds that they have been charged, committed, or convicted of (or pleaded guilty or no contest in) a criminal offense, or solely on an affirmative answer. The nature, date, surrounding circumstances and relevance of the offense to the position(s) applied for will be considered. A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question. If you are applying for a position with our company in the following states, please read the instructions which follow below before responding.

Have you ever, under your name or another name, been convicted off (or pleaded no contest to) a felony or misdemeanor? Yes No

Have you ever, under your name or another name, been convicted of a crime, which resulted in your being in prison and/or jail and released from prison and/or jail or paroled? Yes No

If yes to either question above, please fully explain when, where and of what you were convicted and the result of the case(s). _____

Are you currently under arrest, or released on bond on your own recognizance, pending trial for a criminal offense? Yes No

If yes, state the nature of the crime charged, and when and where the trial is pending. _____

Certain states have restrictions on what can be reported or how to ask regarding past criminal activity. Please review what is allowed in the following states and amend your application to conform.

CA Do not provide information concerning:

- (1) any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated.
- (2) any misdemeanor conviction for which probation has been completed or discharged and the case has been judicially dismissed.
- (3) any marijuana conviction which is more than two years old from the date of this application.

Employment Application

REFERENCES:

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name <input type="checkbox"/> Personal <input type="checkbox"/> Professional		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name <input type="checkbox"/> Personal <input type="checkbox"/> Professional		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name <input type="checkbox"/> Personal <input type="checkbox"/> Professional		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

PLEASE USE ADDITIONAL PAPER IF NECESSARY

Employment Application

Please read each statement closely and initial each acknowledging your understanding

Equal Employment Opportunity Statement

_____ This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

_____ This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

_____ If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Medical History Questionnaire

_____ I herewith affirm that the employer has an offer of employment to me, conditioned on the satisfactory completion of this questionnaire, and, if necessary, at the sole discretion of the employer, a medical examination.

The purpose of this inquiry is to determine whether I currently have the physical or mental qualifications necessary to perform the job that has been offered; whether and what accommodations may be necessary; and whether I can perform the job without posing a direct threat to the health or safety of myself or others; and for the purposes and reasons as stated in the attached questionnaire.

This information will be kept confidential in a separate medical file, apart from my personnel file. I herewith affirm that the questions found in the attached medical questionnaire have not be asked of me by anyone with the employer until after I have signed a separate document and have been offered a job.

Name: _____

Signature: _____

Witness: _____ Witness: _____

Complete and Accurate Information

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

_____ I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

Testing Authorization

_____ If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

Investigation Authorization

_____ I authorize investigation into all statements and references contained in this application. Said investigation may include interviews with past employers, workers and friends. Said investigation may include credit, driving, criminal background, references and other background checks. As a condition of applying for this job, I authorize reasonable post-hire investigations into my credit, driving and criminal background.

Company Obligation

_____ I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

MY ANSWERS HAVE BEEN TRUE AND ACCURATE PURSUANT TO THE PENALTY OF PERJURY UNDER THE LAWS OF THIS STATE. I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Signature Date



Washington State: If the TVTC requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the TVTC a complete and accurate disclosure of the nature and scope of the investigation requested by the TVTC. You also have the right to request from the background reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. I further understand that TVTC will not obtain information about my "credit worthiness, credit standing, or credit capacity" unless the information is required by law, or is substantially job related, and the reasons for using the information are disclosed to me in writing..

Authorization of Background Investigation

I have carefully read, and understand, this Disclosure and Authorization form and the summary of rights under the Fair Credit Reporting Act (<http://www.S2Verify.com/resources.html>) and the applicable state laws. By my signature below, I consent to the release of background reports and/or investigative background reports prepared by a background reporting agency, such as S2Verify, Inc., to the TVTC and its designated representatives and agents for the purposes of determining my eligibility for employment, retention, or other lawful employment purposes. I understand that if the TVTC hires me, my consent will apply, and the TVTC may obtain background reports throughout my employment if permissible under applicable TVTC policy.

I understand that information contained in my employment application, or otherwise disclosed by me before, or during, my employment, if any, may be used for the purpose of obtaining background reports and/or investigative background reports. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the background reporting agency.

By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Disclosure and Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of, the TVTC.

California, Minnesota or Oklahoma applicants only: You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

I wish to receive a free copy of the report.

Last Name: _____ First Name: _____ Middle _____

Address : _____

City: _____ State: _____ Zip: _____

Driver's License State: _____ License Number: _____

Phone Number: (_____) _____ Social Security Number: _____

Date of Birth: _____ Other Names: _____

Signature: _____ Date: _____

Company Ordering Background Check _____ Companies Email Address (Required) _____



Applicant Disclosure and Authorization Statement

In connection with your employment or application for employment (or contract for services) and any future employment (or contract for services) with Tennessee Valley Training Center and any client of (TVTC), you may have background information requested about you from a background reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of background reports and/or investigative background reports. These reports may be obtained at any time after receipt of your signed authorization and, if you are hired or contracted for services by TVTC, or any client, throughout your employment or contract for service, if permissible under applicable TVTC policy and/or state law.

The types of information that may be obtained include, but are not limited to: social security number verifications; address history; criminal records checks; public court records checks; driving records checks; educational history verifications; employment history verifications; and professional licensing/certification checks. This information may be obtained from private and/or public records sources, including, as appropriate, governmental agencies and courthouses; educational institutions; former employers; or other information sources. A consumer report containing injury, illness and/or medical records can only be obtained after a tentative offer of employment has been made.

If adverse action is taken resulting from information obtained, in whole or in part, from consumer reports, you will have the option to receive a copy of the report from S2Verify, LLC, 912 Holcomb Bridge Road, Roswell, GA 30076 and can be contacted by phone at (770)649-8282. A summary of your rights under the Fair Credit Reporting Act can be found at: <http://www.S2Verify.com/resources.html>

Additional State Law Notices

If you are a California, Oklahoma, Minnesota, Maine, Massachusetts, New York, or Washington State applicant, employee, or contractor, please also note:

California, Oklahoma and Minnesota: You have the right to receive a copy of your background/investigative report by checking the box on the Authorization of Background Investigation below.

California Law: Pursuant to Section 1786.22 of the California Civil Code, you may view the file maintained on you by S2Verify during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at S2Verify's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. S2Verify has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

Maine: You have the right, upon request, to be informed of whether an investigative background report was requested, and if one was requested, the name and address of the background reporting agency furnishing the report. You may request and receive from the TVTC, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the background reporting agency issuing an investigative background report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

Massachusetts: If we request an investigative background report, you have the right, upon written request, to a copy of the report.

New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

By signing the Authorization below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.