

Thank You For Your Interest In Heath Consultants Incorporated

Heath Consultants Incorporated has been in business for over 75 years serving the utility industry nationwide. In some parts of the country we perform **Line Locating**. Any time someone has a need to break ground, the underground utility lines must first be located. Our technicians are trained to locate these underground utilities, (such as telephone, cable TV, electric, natural gas lines, etc.) The lines are then marked with small flags or by spray painting lines on the ground, or both. This ensures that anyone doing the ground breaking knows exactly what utility is underground and where it is located.

In other parts of the country we perform **Natural Gas Leak Detection**. Working in conjunction with local gas companies, our technicians are trained to detect natural gas leaks in the natural gas lines underground. The technician walks above the gas lines and if there is a leak, our equipment will detect it. The location of the leak is documented and the gas company is notified. The gas company will then send someone out to repair it. In both Line Locating and Natural Gas Leak Detection, our technicians use equipment that is manufactured by Heath.

Our technician positions require continuous walking and working outdoors. The equipment used weighs up to approximately fifteen pounds. For Natural Gas Leak Detection, the technician may be required to use a plunger bar. This is a device that weighs approximately twenty pounds and is used to drive a small hole into the ground approximately two to three feet deep. The hole is created so a probe may be inserted in order to get a more accurate reading and confirm the leak.

Benefits: Heath offers a 401k plan where the company will match fifty percent of what the employee contributes up to six percent of the employees salary. Life insurance is provided to the employee at no cost, as well as ten paid holidays (four of which are floaters). Heath offers paid time off. Accumulation starts at the six month mark. An employee will accumulate five paid days off by the end of the first year of employment. For the first five years ten days per year are accumulated. Years 6-10 one additional day per year is accumulated and another ½ day per year thereafter. Heath offers medical coverage. For medical coverage only, the company will pay approximately sixty percent of the premium, and the employee will pay the remaining percent. Plans for vision and dental are also available. The employee cost will be deducted weekly from the employees pay, if they elect coverage.

If interested please fill out the enclosed application in detail. Even if you are enclosing a resume everything still needs to be filled out. **IF YOU SUBMIT AN APPLICATION THAT STATES “SEE RESUME” IN PLACE OF FILLING OUT THE REQUIRED INFORMATION (COMPANY NAMES, SALARY, SUPERVISOR, CONTACT INFORMATION, CONTACT CONSENT, ETC.) YOUR APPLICATION WILL NOT BE PROCESSED.** Applications will be reviewed upon receipt for current openings and the applicant will be notified as to the status of their application. Please mail applications to: National Recruiter, Heath Consultants Incorporated, 9030 Monroe Road, Houston, TX, 77061 or fax to 713-844-1310. All applications need to be mailed or faxed to the Houston address, regardless of which location throughout the US you are applying for.

IMPORTANT: PLEASE READ

INSTRUCTIONS ON COMPLETING ENCLOSED DRIVERS AUTHORIZATION AND RELEASE FORM AND RELEASE AND REQUEST FOR INFORMATION FORM (DOT).

Drivers Authorization and Release Form

Please list all drivers licenses you have had for the past three years.

Release and Request For Information Form (DOT)

- STEP 1: Please answer the first question asked. This question asks about DOT PRE-EMPLOYMENT DRUG and ALCOHOL tests over the past two years only. It only asks about DOT (Department of Transportation) PRE EMPLOYMENT TESTS.
- STEP 2: Print your name in the space provided.
- STEP 3: Only list the name of a company if you have taken any dot drug or alcohol test over the past two years. If the test was not a DOT test you do not have to list it. If you have not taken a dot drug or alcohol test in the past two years please write n/a.
- STEP 4: Sign and date.

THIS INFORMATION IS SUBJECT TO CHANGE WITHOUT NOTICE

Application for Employment



Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, sexual orientation or the presence of a non-job-related medical condition or handicap.

Heath Consultants Incorporated

Please return your completes application to the Corporate Headquarters, Attention Human Resource Department

Corporate Headquarters

9030 Monroe Road
Houston, TX 77061
(713) 844-1300
Fax: (713) 844-1310

DATE OF APPLICATION: _____

POSITION(S) APPLIED FOR: _____ Minimum Salary Requirement: _____

How were you referred to us? Newspaper Ad School On My Own
 Current Employee Agency Other _____

Name of referral source: _____

Please Write Legibly

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

SOCIAL SECURITY NYMBER: ____ / ____ / ____ HOME TELEPHONE NUMBER: _____
TELEPHONE where you can be Reached during BUSINESS HOURS: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status may be required upon employment.)

If Employed and you are under 18, can you furnish a work permit?

Have you filed an application before here? Yes No If yes, date: _____

Have you ever been employed here before? Yes No If yes, date: _____

On what date would you be available to work? _____

Are you available to work: Full-Time Part-Time Temporary

Do you have any commitments to another job that might affect your employment with us? Yes No
If yes, please explain: _____

Can you travel if a job requires it? Yes No

Do you have a vehicle? Yes No Do you have a valid driver's license? Yes No

Driver's license number: _____ Name of state where issued: _____ Expiration date: _____

Have you been convicted of a felony within the last 7 years? Yes No
If yes, please explain _____

Are you willing to take a physical at our expense? Yes No

EMPLOYMENT HISTORY

Please list PRESENT employer or MOST RECENT employer FIRST. You may include any verified work performed on a volunteer basis. Use an additional sheet if necessary.

Employer	Date Employed		Supervisor's Name
	From	To	
Address	Salary		Your Job Title
	Begin	End	
Telephone	May we contact this employer?		
	____ Yes ____ No		

Your Job Duties and Responsibilities:

Reason for Leaving:

Employer	Date Employed		Supervisor's Name
	From	To	
Address	Salary		Your Job Title
	Begin	End	
Telephone	May we contact this employer?		
	____ Yes ____ No		

Your Job Duties and Responsibilities:

Reason for Leaving:

Employer	Date Employed		Supervisor's Name
	From	To	
Address	Salary		Your Job Title
	Begin	End	
Telephone	May we contact this employer?		
	____ Yes ____ No		

Your Job Duties and Responsibilities:

Reason for Leaving:

Employer	Date Employed		Supervisor's Name
	From	To	
Address	Salary		Your Job Title
	Begin	End	
Telephone	May we contact this employer?		
	____ Yes ____ No		

Your Job Duties and Responsibilities:

Reason for Leaving:

EDUCATIONAL DATA

School	Print Name, number and Street, City, State and Zip Code for each School Listing	Year Completed	Graduated? Yes/No	Type of Degree
High School				
College				
Graduate School				
Trade, Bus., Night, or Corres				
Other				

MILITARY EXPERIENCE

Were you in U.S. Armed Forces? Yes No If yes, what branch? _____

Date of duty: From: _____ to _____ Rank at Separation _____

Briefly describe your duties _____

REFERENCES (NOT EMPLOYERS OR RELATIVES – AT LEAST THREE)

Name and Address	Occupation	Phone

Please include any other information you think would be helpful to us in considering you for employment, such as special skills, additional experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or handicap.)

AGREEMENT: (Please read the following statements carefully)

- I. I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

- II. In consideration of my employment. I agree to conform to the rules and regulations of HEATH CONSULTANTS INCORPORATED. I understand that this employment application and any other Company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the Company at any time for any reason, with or without notice and with or without cause. I understand that no management official, other than the president or a vice president of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to this. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

- III. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

- IV. I understand that any job offer made to me by HEATH CONSULTANTS INCORPORATED is conditioned upon the results of a physical, examination, which may include a test to determine the use of marijuana, alcohol and/or other drugs.

SIGNATURE (Applicant)

Date

FOR EMPLOYEE SERVICE DEPARTMENT USE ONLY

Arrange Interview _____

Remarks _____

Employed _____ Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____



Heath Consultants Incorporated

Human Resource Department
9030 Monroe Rd
Houston, TX 77061
713-844-1330
713-844-1310 fax
hr@heathus.com

Drug and Alcohol Program

It is the policy of Heath Consultants Incorporated to provide a work environment that is free from the use, possession, sale or distribution of illegal drugs and alcohol and from the misuse of legal drugs on the Company's premises including Heath worksites and vehicles used for Heath business. Accordingly, Heath requires that all prospective employees be subject to testing to determine the presence of unacceptable levels of illegal drugs. In addition, all field employees are subject to random drug testing.

The objective is to provide a safe, healthful and efficient workplace for Heath employees, business associates and the general public. Heath will not contract, employ, or continue to employ any person unless that person participates in the program.

Check here if the box below does not apply: _____

The section below applies only to applicants for DOT covered jobs. Information required from Part 40 and Part 199 DOT-RSPA. In the last two years during a DOT pre-employment test:

- | YES | NO | |
|-------|-------|--|
| _____ | _____ | 1. Have you been DOT alcohol tested with a breath alcohol concentration of 0.04 or greater ? |
| _____ | _____ | 2. Have you been DOT tested for a controlled substance test with a positive result? |
| _____ | _____ | 3. Have you refused a controlled substance test or alcohol test when required by DOT? |
| _____ | _____ | 4. If yes to any of the above, did you complete your treatment? |
| _____ | _____ | 5. If yes to questions 1-2, did you complete your follow-up tests? |
| _____ | _____ | 6. If yes to questions 1-3, provide the name and phone number of the Substance Abuse |

Professional that evaluated you: _____ Tel: _____

7. What was your job title? _____

I certify that I provided truthful responses regarding drug and alcohol testing results from previous employers only if applicable and by completing information in the above questions.

DOT APPLICANTS SIGNATURE _____ **DATE** _____

EMPLOYEE CERTIFICATION

I hereby acknowledge that I am subject to the Heath Consultants Incorporated Drug and Alcohol Testing Program. I understand that compliance with the policy is a condition of employment with this company.

APPLICANTS SIGNATURE _____ **DATE** _____



Heath Consultants Incorporated

Human Resource Department
9030 Monroe Rd
Houston, TX 77061
713-844-1330
713-844-1310 fax
hr@heathus.com

Driver Notification and Release

As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. In connection with my application with you, I understand that a Motor Vehicle Record report, which may contain public record information, is being requested from IIX Services, College Station, Texas or AWSI, Tustin, CA. I further understand that such report may contain public record information concerning my driving record from state and other agencies that maintain such records such as information from IIX/AWSI concerning (1) previous driving record requests made by others from such state agencies; and (2) states providing driving record. I also understand that my employer will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

I have the right to make a request to IIX/AWSI, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of the information; the recipients of any reports on me, which IIX/AWSI has previously furnished within the two-year period preceding my request.

Any employee who drives a personal vehicle for business use will be subject to provide proof of insurance.

I acknowledge the receipt of the above disclosure and authorize, without reservation, my employer or its designated agent to obtain a Motor Vehicle Record report by IIX/AWSI. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

Print Full Name

Social Security Number

Date of Birth

Driver's License Number

State Issuing Current License

Applicant's Signature

Date

If the license listed above has not been active for at least 3 years please provide the following information for your previous driver's license:

State Issuing License

Driver's License Number



Heath Consultants Incorporated

Human Resource Department
9030 Monroe Rd
Houston, TX 77061
713-844-1331
713-844-1310 fax
hr@heathus.com

Criminal Background Release Authorization

In connection with my application (including contract for services) with you, I understand that a report that may contain public record information is being requested from IIX Services, College Station, Texas or AWSI, Tustin, CA. I further understand that such report may contain public record information concerning my criminal background check from state and other agencies that maintain such records such as information from IIX/AWSI concerning (1) previous criminal record requests made by others from such state agencies; and (2) states providing criminal record. I also understand that periodic record checks may be made as long as I am employed with Heath Consultants Inc.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY IIX TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to IIX/AWSI, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of the information; the recipients of any reports on me that IIX/AWSI has previously furnished within the two year period preceding my request. I hereby consent to you obtaining the above information from IIX/AWSI, and I agree that such information that IIX/AWSI has or obtains, will be supplied by IIX/AWSI to other companies which subscribe to IIX/AWSI Services.

Check the box if you would like a copy of your criminal record mailed to you. States of CA and OK will automatically have a copy sent.

Print Full Name _____

Social Security Number _____

ADDRESS

Street Address _____

City _____ **State** _____

County _____

ZIP _____

Date of Birth _____

Gender _____

Applicant's Signature _____ **Date** _____