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## JILL HICKMAN COMPANIES

### Partner Network Application

**Welcome!** Thank you for your interest in our Partner Network. Our partners are professionals dedicated to personal and business growth and development. Through its focus on community collaboration, the Partner Network provides guidance, support, and friendship in pursuit of personal and professional excellence. The benefits of belonging to this network centers on the common values of community, business growth, and personal development.

#### **Instructions for Completion**

Please complete and sign this application and send via email to:

JILL HICKMAN COMPANIES  
1721 Palomino Lane  
Kingwood, TX 77339  
Email: [Jill@JillHickman.com](mailto:Jill@JillHickman.com)

#### **Applicant Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone (include area code) \_\_\_\_\_ Cell Phone (include area code) \_\_\_\_\_

Email Address \_\_\_\_\_

Company Website Address/URL \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (include area code) \_\_\_\_\_

Birthday \_\_\_\_\_

What are your hobbies/interests? \_\_\_\_\_

**Corporate Background:**

1. How many years of corporate training experience do you have?

- Less than 1 year
- 1- 4years
- 4-10 years
- 10+

2. What was your industry experience? \_\_\_\_\_

3. What was your subject concentration (Check all that apply):

- Leadership
- Customer Service
- Supervision/Management
- Safety
- Other (Please list): \_\_\_\_\_

4. Please attach your bio/resume with three corporate references and contact information provided.

**Private Consulting Business:**

1. Please identify the type of business entity for your company:

- Sole Proprietorship
- LLP: Name of Partner(s) \_\_\_\_\_
- LLC: Name of Principals \_\_\_\_\_
- Incorporated: Name of Principals \_\_\_\_\_
- Other

2. What year did you begin your business? \_\_\_\_\_

3. How many consecutive years have you owned this business? \_\_\_\_\_

4. Number of employees, including yourself: \_\_\_\_\_

5. What prompted you to begin your business? \_\_\_\_\_

6. What has been the biggest challenge in operating your own business? \_\_\_\_\_

7. What has been the biggest success you've experienced in your business? \_\_\_\_\_

8. What is the focus of your business? (With the total equaling 100%, provide a percentage amount of your business by each item listed. If the item is not a business service or offering, please write in N/A for Not Applicable.)

- \_\_\_\_\_ Program Facilitation:
  - \_\_\_\_\_ Leadership Development
  - \_\_\_\_\_ Supervision and Management
  - \_\_\_\_\_ Customer Service
  - \_\_\_\_\_ Safety
- \_\_\_\_\_ Coaching (What level within the corporation? \_\_\_\_\_)
- \_\_\_\_\_ Keynote Presentations
- \_\_\_\_\_ Consulting
- \_\_\_\_\_ Other (Please identify): \_\_\_\_\_

9. What other training and development programs/products are you certified in and able to distribute and/or facilitate? (Please list all programs.)

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10. In the past year, what have your business metrics been in these areas:

- \_\_\_\_\_ Average number of programs facilitated per month
- \_\_\_\_\_ Average number of clients under contract per year
- \_\_\_\_\_ Average number of business days provided within your home state
- \_\_\_\_\_ Average number of business days provided outside your home state, but within the USA
- \_\_\_\_\_ Average number of business days provided outside the USA

11. To what do you attribute the success of your business thus far?

12. What do you feel are the biggest limitations to your business success?

### **Interest in the Jill Hickman Companies Partner Network**

1. What is your primary reason for wanting to join the network?

2. How do you anticipate that your membership within the network will benefit you and your business?

3. Which JHC, Wiley, or Blanchard program(s) do you plan to purchase as your initial network requirement\*?  
Please note that Blanchard programs access is only available at Level 3 participation which requires prior successful completion of Level 2.

\* Initial JHC fee required upon application approval. Program kit selection and certification and/or Train-the-Trainer program scheduling required with network membership within first 90 days of application approval.

3. What are the objectives that you hope to accomplish with this initial JHC program investment?

4. What skills, talents, and resources do you have to offer other partners within the network to improve their business success?

5. Please identify three business references or organizations with whom you currently do or have done business with and provide contact information accordingly.

<i>Company Name</i>	<i>Contact/Representative</i>	<i>Contact Phone/Email</i>	<i>Products Purchased</i>
a) _____	_____	_____	_____
b) _____	_____	_____	_____
c) _____	_____	_____	_____

6. How did you learn about Jill Hickman Companies (JHC) Partner Network? If someone referred you to our company, please provide that person's name and contact information so that we may reach out and thank them!

7. We strongly encourage prospective partners to interview current Level 3 partners to gain an insider's perspective. Please indicate those partners with whom you have inquired about their network experience.

Partner: \_\_\_\_\_ Date of Conversation: \_\_\_\_\_

Partner: \_\_\_\_\_ Date of Conversation: \_\_\_\_\_

**OTHER:** Please feel free to use this space to offer any comments or insights that you feel would be beneficial for us to know regarding you, your business, your goals, and your interest in joining the JHC Partner Network.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

*Thank you for your interest in the JHC Partner Network.  
We look forward to reviewing your application and getting back with you as soon as possible.*