

A. L. HELMCAMP, INC.  
APPLICATION FOR EMPLOYMENT

**Application will not be considered unless all questions have been completed.**

**AN EQUAL OPPORTUNITY EMPLOYER**

A.L. Helmcamp, Inc. is an Equal Opportunity Employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, age, sex, national origin, disability status, genetic makeup, protected veteran status,\* or any other characteristic protected by law.

It is the policy of this company to assure that applicants and employees will be treated equally without regard to their race, color, religion, national origin, handicap, age or sex. Such action shall include: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation and selection for training, including apprenticeship, pre-apprenticeship and/or on-the-job training.

This application will be current for only 30 days. If you have not heard from A.L. Helmcamp, Inc. and still wish to be considered for employment at the end of 30 days, you must fill out a new application.

\* "Protected veterans" include Active-Duty Wartime Veterans, Campaign Badge Veterans, Disabled Veterans, Armed Forces Services Medal Veterans, and Recently Separated Veterans

**PLEASE PRINT**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-mail \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_

Are you eighteen years of age or older? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever worked for this company? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Are you available for full time work? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, date available: \_\_\_\_\_

Overtime will be required from time to time.  
Will this be a problem? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you a Protected Veteran? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you the surviving spouse or widow of a Protected Veteran? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you able to establish eligibility to work in the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO

Current and Former Employers: (List below the last three employers starting with the current or last one first.)

Employer	City	Position	From/To	Reason For Leaving	Salary	Contact/Phone#
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

Will you abide by the safety rules of this company?                     YES                     NO

Are you a Commercial/DOT Driver?     YES                     NO

Please list all machines or equipment you are trained to operate: \_\_\_\_\_  
\_\_\_\_\_

Use the space below if you wish to volunteer additional information you feel may be helpful to us in considering your application.  
\_\_\_\_\_  
\_\_\_\_\_

How did you find out about A. L. Helmcamp, Inc.? Please check all that apply.

Employee referral                     Newspaper Ad                     Flyer / Highway Signs  
 Workforce Com.                     Word of Mouth                     Other & Please explain \_\_\_\_\_

**NOTICE !!! READ THE FOLLOWING CAREFULLY !!! NOTICE !!!**

Please read the following statements below. After you have read and fully understand the statements, please sign and date in the space provided below.

"I certify that the facts contained in this application and in any resume or other material provided to A.L. Helmcamp, Inc. and any oral statements by me are true and complete without omission of information. I understand that if employed, any omissions, incomplete statements, or false statements on this application or other materials supplied to A.L. Helmcamp, Inc. or in oral statements made by me in the hiring process shall be grounds for dismissal.

I authorize investigation of all statements contained herein and authorize the employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Upon acceptance of employment with A.L. Helmcamp, Inc., I understand my next job assignment may be in another location. If such a position is offered and I refuse acceptance, I understand I have resigned my employment."

I UNDERSTAND AND AGREE THAT, IF HIRED:

1. MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED BY THE COMPANY AT ANY TIME, WITHOUT ANY PRIOR NOTICE AND WITHOUT CAUSE.
2. NO OFFICER OR EMPLOYEE OF THE COMPANY CAN GUARANTEE MY EMPLOYMENT FOR ANY PERIOD OF TIME OR ANY SPECIFIC SALARY BENEFITS, EXCEPT BY A WRITTEN EMPLOYMENT AGREEMENT SIGNED BY ME AND THE COMPANY.
3. I WILL COMPLY WITH ALL POLICIES, RULES AND REGULATIONS OF A.L. HELMCAMP, INC., INCLUDING THE DRUG AND ALCOHOL POLICY.
4. I CONSENT TO HAVE A.L. HELMCAMP, INC. WITHHOLD ANY MONEY DUE TO THE COMPANY OUT OF MY PAYCHECK.
5. I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT MAY BE CONDITIONED UPON THE RESULTS OF A PHYSICAL EXAM AND/OR DRUG TEST.
6. I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT WILL BE CONDITIONED ON MY ABILITY TO ESTABLISH MY ELIGIBILITY TO WORK IN THE UNITED STATES.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**For Supervisor Use Only:**

Date of Hire: \_\_\_\_\_ Salary: \_\_\_\_\_

Class Codes: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
(Please Print)

**For Office Use Only:**

Employee Number: \_\_\_\_\_