

EMPLOYMENT HISTORY

LIST ALL JOBS, ACTIVITIES, AND OTHER EXPERIENCE, INCLUDING VOLUNTEER WORK, PART TIME EMPLOYMENT WHILE IN SCHOOL, U.S. MILITARY SERVICE, AND SELF- EMPLOYMENT FOR THE PAST 10 YEARS. ALSO LIST SIGNIFICANT EXPERIENCE MORE THAN 10 YEARS AGO. BEGIN WITH THE MOST RECENT. IF YOU HAVE EVER USED ANOTHER NAME FOR EMPLOYMENT PURPOSES DURING THIS PERIOD, PLEASE INDICATE.

Employer (Present or most recent)		Street Address, City, State, ZIP	
Supervisor (Name and Title)		Your Job Title	
Description of your duties		From (Mo./Yr.)	To (Mo./Yr.)
		Base Rate* \$ _____ per	
		Reason for leaving	
May we contact your <input type="checkbox"/> Yes present employer for <input type="checkbox"/> No references?	May we contact you <input type="checkbox"/> Yes at your present place <input type="checkbox"/> No of employment?	Area Code/Telephone No.	Extension
Employer		Street Address, City, State, ZIP	
Supervisor (Name and Title)		Your Job Title	
Description of your duties		From (Mo./Yr.)	To (Mo./Yr.)
		Base Rate* \$ _____ per	
		Reason for leaving	
Employer		Street Address, City, State, ZIP	
Supervisor (Name and Title)		Your Job Title	
Description of your duties		From (Mo./Yr.)	To (Mo./Yr.)
		Base Rate* \$ _____ per	
		Reason for leaving	
Employer		Street Address, City, State, ZIP	
Supervisor (Name and Title)		Your Job Title	
Description of your duties		From (Mo./Yr.)	To (Mo./Yr.)
		Base Rate* \$ _____ per	
		Reason for leaving	

- **Base pay is your basic rate of pay excluding overtime premiums, special bonuses or allowances. The rates you indicate may be checked with former employers.**

UNEMPLOYMENT PERIODS

(DURING PAST 10 YEARS) IF THERE ARE ANY UNEMPLOYMENT PERIODS OF A MONTH OR MORE BETWEEN SCHOOLING, MILITARY, OR EMPLOYED PERIODS, PLEASE LIST THE DATES, ALONG WITH THE NAMES AND ADDRESSES OF PERSONS OTHER THAN RELATIVES WHO CAN CONFIRM THIS INFORMATION

From (Mo./Yr.)	To (Mo./Yr.)	Name (Last, First, Middle)	Address (City, State, ZIP)

Are you on a lay-off and subject to recall? Yes No

ACHIEVEMENTS

List publication accredited to you or any Scientific, Business, Engineering or Industry Awards received:

MEMBERSHIPS

List Scientific, Business, Engineering, or Industry Societies or Associations you Have belonged to during the past 10 years. (Exclude those which indicate race, color, religion, sex, national origin or ancestry.)

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REFERENCES

TECHNICAL (List two persons familiar with your technical ability whom we may contact. Exclude relatives.)

Name (Last, First, Middle)	Address (City, State, ZIP)	Area Code/Telephone No.

PERSONAL (List two persons who have known you for five years or more. Exclude former employers and relatives.)

CLEARANCES

Have you ever held a Security Clearance? Yes if yes, give name of Employer, level and inclusive dates below No Have you ever had a Security Clearance suspended, denied or revoked? Yes If Yes, explain below No

Explanation: (Continue in Remarks on Page 4, if necessary.)

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U.S. MILITARY SERVICE

Service Branch	Initial Rank	Final Rank	Specialty
Specialty Training Received			

PERSONAL

The following information concerning citizenship is furnished for the purpose of securing employment with Helicomb International, Inc. which I have been advised Is engaged in the performance of contracts with the United States Government and is furnished with full knowledge of Section 911 of Title 18 of the U.S. Code, which provides as follows: "whosoever falsely and willfully represents himself/herself to be a citizen of the United States shall be fined not more than \$1,000.00 or imprisoned not more than 3 years, or both."

Are you legally eligible for permanent employment in the United States? (If hired, verification will be required by law).

Have you ever been convicted of any crime under this or any other name? *You may omit (1) Traffic Violations Yes (2) any offense which was finally adjudicated in a Juvenile Court under a Youth Offender Law.) Include No
convictions by General Court Martial while in Military Service. If yes, give date, place, court And disposition below.

Date	Place	Court	Disposition

LIST ALL YOUR RESIDENCE ADDRESSES FOR PAST 5 YEARS BELOW.
(If you were in the U.S. Armed Forces, list those just prior to entry, if within the past 5 years).

Street Address	City	State	ZIP	From (Mo./Yr.)	To (Mo./Yr.)

Do you have any friends or relatives Yes If yes, please list their names:
Employed at Helicomb International? No

EMERGENCY NOTIFICATION (List names of two persons, either of which may be notified in the event of an emergency.)

Name (Last, First, Middle)	Address (Street, City, State, ZIP)	Area Code/Telephone No.

REMARKS:

I hereby certify that the answers given by me to the foregoing questions and statements are true and correct, without mental reservation of any kind whatsoever and hereby authorize Helicomb International, Inc. to verify same. If employment is obtained under this application I will comply with any orders, rules and regulations of the company. I agree to submit to physical examination. I also authorize my former employers and educational institutions to give any information they may have regarding me. I hereby release them and their organizations from all liability for any damage whatsoever for issuing same. If upon investigation, anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the period of my employment. I understand and agree that my employment is at will, is for no definite period of time and may, regardless of the date of payment of wages, be terminated by either party (employer or employee) at any time for any reason unless prohibited by law.

APPLICANT PLEASE SIGN AND DATE HERE

_____ →

VOLUNTARY INFORMATION QUESTIONNAIRE FOR APPLICANTS

Helicomb International, Inc. EXTENDS THE FOLLOWING INVITATION FOR YOU TO BE IDENTIFIED IN ORDER TO BENEFIT UNDER OUR AFFIRMATIVE ACTION PROGRAM.

THE DATA COLLECTED ON THIS FORM IS STRICTLY VOLUNTARY AND WILL BE KEPT CONFIDENTIAL, SEPARATE AND APART FROM APPLICATION FORMS AND/OR PERSONNEL FILES. REFUSAL TO PROVIDE THIS INFORMATION WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT. THE INFORMATION COLLECTED ON THIS FORM IS NEEDED IN ORDER FOR Helicomb International, Inc. TO PROPERLY RESPOND TO VARIOUS FEDERAL AGENCY'S REQUESTS. THIS INFORMATION WILL HELP THE COMPANY MONITOR AND MAINTAIN CONTINUED EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION.

IT WOULD ASSIST US IF YOU TELL US ABOUT THE FOLLOWING:

NAME:				DATE:		
POSITION APPLIED FOR:						
SEX: (CHECK ONE OF THE FOLLOWING) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
RACE: (CHECK ONE OF THE FOLLOWING)						
<input type="checkbox"/> ASIAN	<input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> HISPANIC OR LATINO	<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE	<input type="checkbox"/> TWO OR MORE RACES	<input type="checkbox"/> WHITE	<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
HELICOMB INTERNATIONAL, INC. IS A GOVERNMENT CONTRACTOR AND MUST PROPERLY RESPOND TO SECTION 402 OF THE VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1991 AND SECTION 503 OF THE REHABILITATION ACT OF 1973. THESE LAWS REQUIRE GOVERNMENT CONTRACTORS TO TAKE AFFIRMATIVE ACTION TO EMPLOY AND PROMOTE EMPLOYMENT OF INDIVIDUALS WITH DISABILITIES, DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA. IF YOU ARE A VETERAN, COVERED UNDER OUR AFFIRMATIVE ACTION PROGRAM, AND WOULD LIKE TO SELF IDENTIFY, WE INVITE YOU TO DO SO. SUBMISSION OF THIS INFORMATION IS VOLUNTARY AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.						
U.S. MILITARY SERVICE: DID YOU SERVE ACTIVE DUTY FOR MORE THAN 180 DAYS BETWEEN AUGUST 5, 1964 AND MAY 7, 1975? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YOU HAVE ANY QUESTIONS OR APPREHENSION CONCERNING THESE MATTERS, CONTACT THE PERSONNEL OR HUMAN RESOURCE DEPARTMENT.						

Note: The data collected on this form is strictly voluntary

PLEASE NOTE THAT INFORMATION OBTAINED CONCERNING INDIVIDUALS WITH DISABILITIES SHALL BE KEPT CONFIDENTIAL EXCEPT THAT:

1. SUPERVISORS AND MANAGERS MAY BE INFORMED REGARDING RESTRICTIONS ON THE WORK OR DUTIES OF INDIVIDUALS WITH DISABILITIES, AND REGARDING NECESSARY ACCOMMODATIONS.
2. FIRST AID AND SAFETY PERSONNEL MAY BE INFORMED WHEN, AND TO THE EXTENT APPROPRIATE, IF THE CONDITION MIGHT REQUIRE EMERGENCY TREATMENT.
3. GOVERNMENT OFFICIALS INVESTIGATING COMPLIANCE WITH THE ACT SHALL BE INFORMED.

DO YOU IDENTIFY YOURSELF AS AN INDIVIDUAL WITH A DISABILITY?
IF SO, WHAT REASONABLE ACCOMMODATIONS IF ANY, WOULD BE NECESSARY TO ENABLE YOU TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB PROPERLY AND SAFELY, INCLUDING ANY SPECIAL EQUIPMENT?