

Please PRINT all information requested, sign all Releases and the Application.

For Office Use Only

## HELIX ENTERPRISES, INC. EMPLOYMENT APPLICATION.

### PERSONAL DATA

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Employment Desired:  FULL-TIME  SEASONAL: Winter / Summer How soon are you available for Work? \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

Home Phone ( ) \_\_\_\_\_ Cell or Msg Phone ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Are you a United States Citizen: \_\_\_\_\_ If not, what type of Visa \_\_\_\_\_ Are You an Alaska Resident: \_\_\_\_\_ How Long? \_\_\_\_\_  
 do you have? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No Type (Circle): D-1 CDL-A CDL-B

Driver's License Number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

Have you ever had a conviction for DWI in any State? \_\_\_\_\_ Have you ever had your license suspended? \_\_\_\_\_

Have you had any accidents during the past three years?  No  Yes How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  No  Yes How Many? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain conviction(s), nature of offense(s) State(s) where offenses occurred, and Sentence(s) imposed by the Court.

### MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU PRESENTLY ON ACTIVE DUTY OR A MEMBER OF THE NATIONAL GUARD?  Yes  No

Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_ Type Discharge \_\_\_\_\_ Specialty \_\_\_\_\_

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
Languages Spoken				



**PLEASE PRINT ALL  
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**APPLICATION FOR EMPLOYMENT**

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name.

<b>Name of Employer / Company</b>	<b>Supervisor Name</b>	<b>Employment Dates</b>	<b>Pay or Salary</b>
_____	_____	From ___/___/___	Start _____
Address City, State, Zip Code _____	_____	To ___/___/___	Final _____
Phone number: _____	_____		
Your Job Title: _____	Reason for Leaving: _____		

List the duties you performed, skills you used or learned, support or supervisory positions held and promotions.

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**PLEASE SEND ALL CORRESPONDENCE TO:**

**HELIX ENTERPRISES, INC.**

**ATTN: HUMAN RESOURCES  
9801 APOLLO DRIVE # 7887  
LARGO, MARYLAND 20792-7887  
PHONE (301) 390-8998  
FAX: (240) 266-0557  
EMAIL: [info@helixenterprises.com](mailto:info@helixenterprises.com)**