

Application for Employment

Heliox Services LLC is an Equal Opportunity Employer and complies with all State and Federal Laws.

Resumes/Cover Letters may be attached or submitted with this application.

Section 1: Personal Information					
Name (Last, First, MI):				Email:	
Address:		City:		State:	Zip:
Home Phone:	Cell Phone:	•		Date Available to S	tart:
Position Desired:	☐ Full Time	☐ Part T	ime	Wage Desired:	
Are you at least 18 years of age?	☐ Yes ☐ No	Are you v	willing to w	vork Overtime?	☐ Yes ☐ No
Have you previously been employed by Heliox Services?					
Section 2: Work Authorization					
Are you legally authorized to work in th	e United States?	☐ Yes	□ No		
Do you have reliable transportation to	and from work?	☐ Yes	□ No		
Do you have a valid Driver's license?		☐ Yes	□ No	License Number:	
Are you willing to take a pre-employme	ent drug screen?	☐ Yes	□ No		
Have you ever been convicted of a crime?		☐ Yes	□No	(if answered yes, fill	out section below)
If convicted of a crime, please list convi	ctions, dates, and di	spositions	below:		
Section 3: Skills and Certifications – Please list relevant skills, certifications and/or Professional Licenses.					
Section 4: Languages Spoken Fluently					
☐ English ☐ Spanish ☐ Other: (please list)					
Section 5: Education					
School Name and Locat	tion	Dates A	ttended	Graduated	Degree
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	



Section 6: Work History- Plea	se Provide the last 10 y	ears of wo	ork h	nistory if app	licable.		
Employer:			Job Title:				
Address:		City:			State:		Zip:
Phone:	Supervisor:		Sta	art Date:		End Date:	
Reason for Leaving:			•				
Job Duties/Responsibilities:							
Can we contact this employer	? ☐ Yes ☐ No						
Employer:			Jo	b Title:			
Address:		City:			State:		Zip:
Phone:	Supervisor:	.	Sta	art Date:		End Da	ite:
Reason for Leaving:			!				
Job Duties/Responsibilities:							
Can we contact this employer	? □ Yes □ No						
Employer:			Jo	b Title:			
Address:		City:	•		State:		Zip:
Phone:	Supervisor:	•	Start Date: End Date:		ite:		
Reason for Leaving:			•				
Job Duties/Responsibilities:							
Can we contact this employer	? □ Yes □ No						
Employer:			Jo	b Title:			
Address:		City:	!		State:		Zip:
Phone:	Supervisor:	•	Sta	art Date:		End Da	ite:
Reason for Leaving:			•				
Job Duties/Responsibilities:							
Can we contact this employer	? □ Yes □ No						
Section 7: Military Service							
Are you a Veteran of the US Armed Forces				Branch:			
MOS/Job Title(s):		Years of Service:					
Please list any relevant Schools/Training attended:							



Section 8: List 3 Professional References				
Name:	Company:	Position:		
Years Known:	Phone:	Email:		
Name:	Company:	Position:		
Years Known:	Phone:	Email:		
Name:	Company:	Position:		
Years Known:	Phone:	Email:		

Section 9: Information to the Applicant

Heliox Services LLC will provide equal employment opportunities to all applicants without regard to an applicant's race, color, religion, sex, gender, genetic information, national origin, age, veteran status, disability, or any other status protected by federal or state law. Heliox Services will provide reasonable accommodations to allow applicants to participate in the hiring process if requested.

Heliox Services LLC does not tolerate harassment, discrimination, drugs/alcohol, or illegal activity in the workplace.

The physical requirements of this job may include frequent lifting over 50lbs, working in heat/cold, and adverse weather conditions, driving, pushing/pulling, frequent periods of bending or kneeling, frequent periods of standing, exposure to noise, use of power tools, lawn care and construction equipment, and other hazards.

Section 10: Signature

By signing this application I attest that the above statements and information is true to the best of my knowledge. I understand that this application does not constitute an offer of employment. I acknowledge that Heliox Services LLC may conduct a criminal background check and/or verify references, employment status, or other information on this application. I understand that any false or misleading statements will disqualify me from employment.

Name:	Signature:	Date:

Thank you for applying to work with Heliox Services. We will review your application and if your qualifications and experience match an open position, we will contact you to schedule an interview.