

A.L. HELMCAMP, INC.
SUPPLEMENTAL INFORMATION FROM APPLICANT
AFTER INITIAL SCREENING AND AT INTERVIEW

This information is to be obtained from the applicant after the initial screening and a decision has been made to consider the applicant further for employment:

Social Security Number: _____

Driver's License Number, Date and State: _____
Commercial? _____YES _____NO

Has the applicant been convicted or pled *nolo contendere* of a crime involving violence or the theft of property within the past five years? * _____YES _____NO

Details: _____

If the applicant is applying for a position that requires a background check, a DMV check and/or a physical examination, explain this to the applicant and obtain his/her signature on the appropriate forms.

*Such a conviction will not automatically disqualify the applicant from employment. Consideration will be given to the nature and gravity of the conviction record, the time elapsed since the conviction, the age of the applicant at the time of the conviction and whether the conviction has a bearing on the duties and responsibilities of the position applied for.

Give the applicant the attached Arbitration Agreement and ask him/her to read it. After the applicant has read it, explain that if the applicant is hired, he/she will be required to sign the Agreement as a condition of employment. Is the applicant agreeable to this? ___YES ___NO

**ACKNOWLEDGEMENT OF CO-EMPLOYER RELATIONSHIP
BETWEEN COLD CREEK CONSTRUCTION LTD. and
A.L. HELMCAMP, INC.**

_____ (Employee) herewith acknowledges and agrees to the following as a condition of his/her employment with A.L. Helmcamp, Inc. (Helmcamp):

(1) For all purposes other than that set forth below, Employee is employed only by Helmcamp.

(2) For purposes of worker's compensation coverage, Employee is employed by both Helmcamp and Cold Creek Construction, Ltd. (Cold Creek). This means that in the event of injury on the job, Employee's sole remedy against Helmcamp and/or Cold Creek is to seek benefits under Helmcamp's worker's compensation policy and that in no situation may Employee pursue a claim against Cold Creek for an on the job injury.

(3) Employee acknowledges that his/her employment relationship with Helmcamp is at-will and for no specified length of employment, and that either Employee or Helmcamp can terminate the employment relationship at any time, with or without cause, so long as there is no violation of applicable federal or state law.

EMPLOYEE'S NAME (printed): _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

A.L. HELMCAMP, INC.
AGREEMENT TO ARBITRATE

The undersigned agrees that any dispute, claim or controversy related to or connected with the application or candidacy for employment, employment and/or cessation of employment of the undersigned, including but not limited to claims under the Civil Rights Act of 1991, the Americans With Disabilities Act, as Amended (ADAAA), the Older Worker Benefit Protection Act, the Age Discrimination in Employment Act (ADEA), Title VII of the Civil Rights Act of 1964, the Equal Pay Act, and any and all other municipal, state and/or federal laws regulating the employment relationship, shall be determined by final and binding arbitration according to the Voluntary Labor Arbitration Rules of the American Arbitration Association, and judgment upon any award may be entered in any court having jurisdiction. It is further agreed between the undersigned parties that in any arbitration proceeding, it will be within the authority of the Arbitrator to award such remedies as may be appropriate to the decision as if such claims had been filed in administrative agency proceedings or courts of law in which claims of violations of the above referenced statutes would have been applicable. Such proceedings shall be consistent with the provisions of the Federal Arbitration Act (FAA), will be conducted in the State of Texas, and the cost of arbitration will be shared equally between the undersigned parties, unless the arbitrator awards expenses in his or her award. The parties hereby agree that an Underlying Award may be appealed pursuant to the AAA's Optional Appellate Arbitration Rules ("Appellate Rules"); that an Underlying Award rendered by the arbitrator(s) shall, at a minimum, be a reasoned award; and that an Underlying Award shall not be considered final until after the time for filing the notice of appeal pursuant to the Appellate Rules has expired. Appeals must be initiated within thirty (30) days of receipt of an Underlying Award, as defined by Rule A-3 of the Appellate Rules, by filing a Notice of Appeal with any AAA office. Following the appeal process the decision rendered by the appeal tribunal may be entered in any court having jurisdiction thereof.

The AAA's Voluntary Labor Arbitration Rules can be accessed at:

https://www.adr.org/aaa/faces/rules/searchrules/rulesdetail?doc=ADRSTG_012406&_afLoop=1589496294947945&_afWindowMode=0&_afWindowId=w6gr4ehzo_207#%40%3F_afWindowId%3Dw6gr4ehzo_207%26_afLoop%3D1589496294947945%26doc%3DADRSTG_012406%26_afWindowMode%3D0%26_adf.ctrl-state%3Dw6gr4ehzo_267

EMPLOYEE:

EMPLOYER: A.L. HELMCAMP, INC.

By: _____
Signature

By: _____
Signature

Printed Name

Rick Helmcamp
Printed Name

Date: _____

Title: President / Owner

A. L. HELMCAMP, INC.
EMPLOYEE VOLUNTARY SELF-IDENTIFICATION FORM
FOR INDIVIDUALS WITH DISABILITIES AND PROTECTED VETERANS
COMPLETION OF THIS FORM IS VOLUNTARY

LAST NAME

FIRST NAME, INITIAL

DATE (MM/DD/YY)

COMPANY

JOB TITLE

HIRE DATE (MM/DD/YY)

A.L. HELMCAMP, INC. is an Equal Employment Opportunity Employer and complies with applicable federal laws and implementing regulations, which require the collection and recording of certain data/information. In that regard, we ask that you consider voluntarily providing the information set forth below. Please note that the information received will not be used to make any decision regarding your employment and will be kept separate from your personnel file.

As a federal contractor, A.L. HELMCAMP, INC. is subject to Section 503 of the Rehabilitation Act of 1973 and the Veterans' Readjustment Assistance Act of 1974, as Amended by the Jobs for Veterans Act of 2003 and is required to monitor the number of employees who have a disability or are protected veterans. If you are an individual with a disability, disabled veteran or other protected veteran, please inform us by completing and returning this Form to the Office. You may complete this Form now or at any time during your employment. Submission of this form is voluntary and non-submission will not influence employment decisions. We are gathering the information requested on this Form in order to comply with federal recordkeeping requirements and to assist us in developing and monitoring the EEO/AA program.

Please be advised that submission of this information is strictly voluntary and your refusal to provide the information requested below will not subject you to any adverse action.

Sex-Are you;

1. Male or Female?

Check One> Male Female
Go to next question.

Race-Are you;

2a. Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or Origin regardless of race)?

Check One> Yes No
If Yes, go to question 3a.
If No, go to question 2b.

Race-(Non Hispanic or Latino)-Are you;

2b. White (Non Hispanic or Latino); a person having origins in any of the original peoples of Europe, the Middle East or North Africa?

Check Only One> White

Black or African American (Not Hispanic or Latino); a person having origins in any of the black racial groups of Africa?

Black or African American

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino); a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands?

Native Hawaiian or other Pacific Islander

Asian (Not Hispanic or Latino); a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Asian

American Indian or Alaskan Native (Not Hispanic or Latino); a person having origins in any of the original peoples of North and South America (including Central America), And who maintain tribal affiliation or community attachment.

American Indian or Alaskan Native

Two or More Races (Not Hispanic or Latino); all persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Two or More Races

Go to next question.

Military Status-Are you

3a. Are you, or were you ever, in the U.S. military? Check one> Yes No
If Yes, go to question 3b.
If No, go to question 4.

3b. Please write dates of active duty below: Check one> Special Disabled Veteran

Veteran of the Vietnam Era

Date: _____ to _____

Other Eligible Veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

4. **DISABLED INDIVIDUAL:** A disabled individual means any person who (1) has a physical or mental impairment that substantially limits one or more major life activity; (2) has a record of such impairment; or (3) is regarded as having such impairment.

Are you a disabled individual? Yes No

Do you have any limitations due to your disability that may affect your ability to satisfactorily perform the essential duties of you current position? Yes No

If Yes, please explain: -

Are there any accommodations we could make that would enable you to perform the job properly and safely? Yes No

If Yes, please explain:

Signed By: _____ Date: _____

DEFINITIONS

Definitions of the terms “Special Disabled Veteran,” “Veteran of the Vietnam Era” and “Other Eligible Veteran”

1. “Special Disabled Veteran” means; (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans’ Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent who was discharged or released from active duty because of a service-connected disability.

2. “Veteran of the Vietnam-Era” means a person who: (A) served in the military, ground, naval or air service of the United States on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases.

3. “Other Eligible Veteran” means a veteran who served in the military, ground, naval, or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. (To identify the campaigns or expeditions that meet this criterion, contact the Office of Personnel Management (OPM) and ask for the OPM VETS Guide, Appendix A. A local OPM telephone number may be found in the telephone book under Federal Government or consult Directory Assistance for your area code for the nearest OPM location. For those with Internet access, the information required to make this determination also is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>).

If you request an accommodation for your disability on this Form, we will contact you about your request. Alternatively, you may initiate a request for accommodation directly with your supervisor. Requests for accommodation will be considered on a case-by-case basis, and accommodations will be made if they are reasonable and do not cause undue hardship. Contact Tracy Schieffer 903-626-5911

To all new hire employees, PLEASE read and make a selection.

As an employee of AL. Helmcamp, Inc. You are offered affordable Health group plans. You will be eligible to enroll for your Health plans after 90 days of employment, will be effective the 1st of that following month if you miss that timeline you will **NOT** be able to get coverage until the next Open Enrollment, upcoming July 1st.

The Affordable Care Act requires you to accept or decline this offer.

If you elect to have health coverage you will receive a packet with your application within 6 weeks.

You also will receive 3 notices that will remind you that your eligibility is coming up.

I * Email: _____

Affordable Care Act Option:

I decline the health Plans offer through A L. Helmcamp, Inc.

I elect to sign up for the Health Plan offered by AL. Helmcamp, Inc.

X _____ Date _____

Must be signed

* Must include valid email address or N/A.

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to A.L. HELMCAMP, INC. (Prospective Employer) for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

.....
In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-506, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of the Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking any adverse action based in whole or in part on the report, the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of the state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 [Public Law 103-322, Title XXX, Section 3000002(a)].

(Signature of Requestor)

(Date)

To:

.....
DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____.
As in accordance with Section 391.23 Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT: _____

ADDRESS: _____

LICENSE NUMBER: _____ STATE _____

DATE OF BIRTH: _____ SN: _____

REQUESTED BY

A. L. HELMCAMP, INC.

(Name of Company - Typed)

P.O. Box 456

(Address)

Buffalo, TX 75831

(City, State & Zip)

Anjela Wietzikoski

(Name of Requestor - Typed)

DOT Clerk

(Requestor's Position)

A L HELMCAMP, INC.

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE PRINT ALL INFORMATION CLEARLY

Name: First, Mid Init, Last		Date of Birth (MM/DD/YYYY):
Address (Physical only) NO Po's allowed:		City:
		State: & Zip:
Home Phone:	Address (Mailing only):	Last four of Social Security:

OPTION 1

OPTION 2

<input type="checkbox"/> Direct Deposit — I have a bank account already. Here is my VOIDED check to set me up. If you do not have a VOIDED check, with your name and address preprinted on it, please contact your financial institution, and request for them to send A L Helmcamp, Inc. the correct direct deposit information for your account. Checking <input type="checkbox"/> Savings <input type="checkbox"/>	<input type="checkbox"/> rapid! PayCard — I would like to Register my new rapid! PayCard® VISA® Payroll card. Bank Name: <u>rapid! PayCard</u> Customer ID: _____ (number in front of envelope)
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I authorize A L Helmcamp, Inc. to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I authorize A L Helmcamp, Inc. to assign a rapid! PayCard and initiate credit entries and any correction entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday unless I notify A L Helmcamp, Inc. in writing of my intent to cancel. Upon A L Helmcamp, Inc. receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize A L Helmcamp, Inc. to debit my account(s) not to exceed the original amount of the credit.

I understand that A L Helmcamp, Inc. reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

For direct deposit to a bank account, please attach a voided check below. Then sign and date.

If this is a new account and you do not have a pre-printed check with your name and address on it, please contact your financial institution, and request for them to send A L Helmcamp, Inc. the correct direct deposit information for your account.

Fax: 903-626-4156
Email: alhpr@alhelmcamp.com

Print your name clearly

Signature

Date