



Thank you for your interest in pursuing a career at Helena Laboratories. The Employment Application Form is provided on the following pages. Please keep in mind that applications are made for specific positions and will not be maintained for future openings.

Completed applications can be returned via mail, fax or email or delivered to our corporate headquarters.

**MAIL ADDRESS**

Attn: Personnel Department  
Helena Laboratories  
PO Box 752  
Beaumont, TX 77704-0752

**FAX**

409-842-3749

**EMAIL**

Completed applications can be scanned and emailed to [dchapman@helena.com](mailto:dchapman@helena.com)

**CORPORATE HEADQUARTERS**

Helena Laboratories  
1530 Lindbergh Dr  
Beaumont, TX 77707-4431

HELENA LABORATORIES IS AN EEO/AA EMPLOYER  
REV January 26, 2011

# HELENA LABORATORIES CORP.

## *Application for Employment*

*Helena Laboratories is an equal employment opportunity employer and will not discriminate against anyone on the basis of race, color, sex, religion, national origin, age, handicap, or status as disabled veteran or a veteran of the Vietnam era.*

### PERSONAL

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
No. Street City State Zip

How many years have you lived at this address? \_\_\_\_\_ Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Previous address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
No. Street City State Zip

Job applied for 1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Do you want to work  Full-Time or  Part-Time. Specify days and hours if part-time \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working for us \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

If hired, on what date will you be available to start work? \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the company?

\_\_\_\_\_

\_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work? \_\_\_\_\_

### Person to be notified in case of accident of emergency

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

# PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

Name and Occupation	Address	Phone Number
1. _____		
2. _____		
3. _____		

# PRIOR WORK HISTORY (list last three (3) employers, in order, leaving out none, last or present employer first)

Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason for Leaving
From	To		Start	Finish		
Describe in detail the work you performed.						

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Describe in detail the work you performed.						

May we contact employers listed above? \_\_\_\_\_ If not, indicate which one(s) you do not wish us to contact and explain why: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Type of School	Name and Address	How Many Years Attended	Graduated	Course or Major
Grammar/Grade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## MILITARY SERVICE RECORD

Have you ever served in the armed forces?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Rank at discharge \_\_\_\_\_

What were your duties in the service (include special training and duty station)? \_\_\_\_\_

Have you had any schooling under the G.I. Bill of Rights?  Yes  No If yes, describe \_\_\_\_\_

Will you supply us with a copy of your Discharge Papers (DD-214)?  Yes  No

**Question:** Within the past five years have you been charged with, convicted of or placed on unadjudicated probation for an alleged criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial.) If any answer is yes, furnish details of alleged offense, location, date, and conviction or other disposition of the matter.

**Question:** In the past three years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed to you by your physician? If the answer is yes, furnish details.

*Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his complete background. Use the space below to summarize any additional information necessary to describe your full qualifications.*

Thank you for completing this application form and for your interest in employment with us.

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on, or omissions from this application can result in my dismissal.

I acknowledge and agree that this application will only remain under active consideration for a period of sixty (60) days, and that if I am not selected for employment by then and still wish to be considered, I must submit another written application.

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Date

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Signature of Applicant

## **DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION**

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, criminal history reports and driving history records. Before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation.

## **AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

Under the provisions of all applicable federal, state and local laws, I hereby authorize and permit **HELENA LABORATORIES CORP.** to obtain a consumer report and/or investigative consumer report which may include the following:

1. My employment records,
2. Records concerning any driving, criminal history, worker's compensation (post-offer only) and drug testing,
3. Verification of my academic and/or professional credentials.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as **HELENA LABORATORIES CORP.** from liability that might otherwise result from the request for use of and/or disclosure of any or all the foregoing information.

I hereby authorize **HELENA LABORATORIES CORP.** to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

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**Please Print Full Name**

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**Signature**

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**Date**

# Self Identification Survey

Helena Laboratories Corp. is an equal opportunity employer. We do not discriminate in hiring or employment because of race, color, religion, creed, national origin, sex, age, disability or veteran status.

Various government agencies request statistical information regarding our hiring practices. Your cooperation in completion this form is completely **voluntary**. Any information gathered is strictly confidential.

Thank you for your cooperation.

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## **GENERAL INFORMATION:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Area Code/Telephone Number: \_\_\_\_\_

**POSITION APPLYING FOR:** \_\_\_\_\_

**SEX:**        Male \_\_\_\_ Female \_\_\_\_

## **CHECK APPLICABLE RACE:**

- \_\_\_\_\_ White
- \_\_\_\_\_ Black/African American
- \_\_\_\_\_ Hispanic/Latino
- \_\_\_\_\_ American Indian/Alaskan Native
- \_\_\_\_\_ Native Hawaiian or other Pacific Islander
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Two or More Races (Explain): \_\_\_\_\_

**DISABILITY:**        Yes \_\_\_\_\_ No \_\_\_\_\_

## **CHECK APPLICABLE VETERAN STATUS:**

- \_\_\_\_\_ Disabled Veterans
- \_\_\_\_\_ Other Protected Veterans
- \_\_\_\_\_ Armed Forces Service Medal Veterans
- \_\_\_\_\_ Recently Separated Veterans