



1530 Lindbergh Dr • Beaumont, TX 77707-4131
Local 409-842-3714 • Toll free 800-231-5663 • www.helena.com
Email (Orders) orderentry@helena.com (General) helena@helena.com

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.

CORPORATE HEADQUARTERS

Attn: Personnel Department
Helena Laboratories
1530 Lindbergh Dr
Beaumont, TX 77707-4131

FAX

409-842-3749

EMAIL

Completed applications can be scanned and emailed to jblair@helena.com

HELENA LABORATORIES IS AN EEO/AA EMPLOYER



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 Details

Name: _____ Date: _____
First Last Middle Initial

Email: _____ Phone No: () _____

Present Address: _____
No. Street City State Zip

How many years have you lived at this address? _____

Previous Address (last 5 years): _____
No. Street City State Zip

How many years did you live at this address? _____

Position Applied for: _____ How did you hear of this position? _____

Expected Pay Rate: \$ _____ per _____ Full-time Part-time Available start date: _____

Availability if applying for Part-time:

Days: Hours:
Sun _____
Mon _____
Tue _____
Wed _____
Thu _____
Fri _____
Sat _____

List any friends or relatives employed with us:

Name:	Relationship:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you have reliable transportation? _____

Do you possess any specific skills, experiences or qualifications that you would bring to the position that you feel would benefit the company?

Emergency Contact	Name: _____ Phone No: () _____
	Address: _____

Personal References *(Excluding Former Employers and Relatives)*

Name and Relationship	Address	Phone and Email
1. _____		
2. _____		
3. _____		

Personal Background

Within the past **five (5)** years have you been charged with, convicted of, or placed on unadjudicated probation for a criminal offense?

(Do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial.)

Yes No If yes, please provide details of the offense including charges, location, date, and conviction or disposition of the charges:

In the past **three (3)** years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed to you by your physician?

Yes No If yes, please provide details:

Military Service Record

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

Dates of Service: From _____ To _____ Rank at discharge: _____

What were your duties while serving? *(Include any special training and duty station)*

Have you recieved any schooling under the G.I. Bill of Rights?

Yes No If yes, please provide details:

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

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 the position applied*, 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. I further acknowledge and agree that a *separate application must be submitted for each position* for which I wish to apply, and that *applications submitted outside of an active posting window will not be considered for any position*.

Signature of Applicant

Date

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.

Please Print Full Name

Signature

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.

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