

HELENA LABORATORIES CORP.

Application for Employment

PERSONAL

Name			Date of Application:		
<i>Last</i>	<i>First</i>	<i>M.I.</i>			
Present address					
<i>No.</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
How many years have you lived at this address?			Telephone No. () -		
Previous address				How long did you live there?	
<i>No.</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Jobs applied for			Rate of pay expected \$		Per
			Rate of pay expected \$		Per
How did you learn of this opening?					
Do you want to work <input type="checkbox"/> Full-Time or <input type="checkbox"/> 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 or 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		Rate of Pay		Supervisor's Name and Title	Reason for Leaving
From	To	Start	Finish		

Describe in detail the work you did.

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From	To	Start	Finish		

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Dates		Rate of Pay		Supervisor's Name and Title	Reason for Leaving
From	To	Start	Finish		

Describe in detail the work you did.

May we contact employers listed above?	Yes	No
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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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe	
Will you supply us with a copy of your Discharge Papers (DD-214)? <input type="checkbox"/> Yes <input type="checkbox"/> 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

Signature of Applicant

Checking this box signifies my agreement to submitting an electronic signature.

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, INC. 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, workers' 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, INC. from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I hereby authorize HELENA LABORATORIES, INC. 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.

Full Name

Signature

Date

Checking this box signifies my agreement to submitting an electronic signature.