



A **FOSUNPHARMA** Company  
 2005 Eastpark Blvd, Cranbury, NJ 08512

We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section and attach a resume. For printing, please write legibly in blue or black ink and answer all questions to the best of your ability.

## EMPLOYMENT APPLICATION

### Personal Information

Name				
Address		City	State	Zip
Phone Number	Mobile Number	Email Address	Social Security	

Please check yes or no to the following questions:

Have you ever worked for Novelstar Pharma, Inc.?     yes    no

Are you 18 years of age or older?     yes    no

Are you a citizen of the United States?     yes    no

If no, are you legally permitted to work in the United States?     yes    no

If selected for Employment, can you demonstrate your legal right to work in the United States?     yes    no

If selected for Employment, are you willing to receipt of a background screening disclosure for investigative consumer reports and to accept pre-employment drug screening test?     yes    no

Have you ever been banned or suspended from employment in the pharmaceutical industry?     yes    no

Have you ever been terminated or asked to resign from a previous position?     yes    no

If yes, please explain: \_\_\_\_\_

Within the past five years have you ever been convicted of any job-related crimes, felonies or misdemeanors or are you presently charged (formally) with committing a criminal offense? Include any convictions by court martial. Omit any offense committed before your 18<sup>th</sup> birthday, any traffic violations, military convictions – except by court martial, any convictions that were expunged or sealed, statutorily eradicated, convictions for misdemeanors for which probation was completed and the case was dismissed, and misdemeanor marijuana convictions where 2 years have passed from the date of such conviction (i.e. over 2 years old). A conviction will not necessarily be a bar to employment.

yes    no   If yes, please explain: \_\_\_\_\_

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

yes    no   If yes, please explain: \_\_\_\_\_

### Position

Position You Are Applying For	Available Start Date	Desired Pay

Employment Desired

Full Time                       Part Time                       Seasonal/Temporary

### Educational Background

Type of School	Name and Address of School	Years Attended	Graduated	Degree	GPA	Major
High School			<input type="checkbox"/> yes <input type="checkbox"/> no			
College			<input type="checkbox"/> yes <input type="checkbox"/> no			
Graduate			<input type="checkbox"/> yes <input type="checkbox"/> no			
Other (be specific)			<input type="checkbox"/> yes <input type="checkbox"/> no			

### Employment History

Please begin with your current or most recent employer.

Current Most Recent Employer <input type="checkbox"/> yes <input type="checkbox"/> no	Dates of Employment
Company Name: <input type="checkbox"/> yes <input type="checkbox"/> no	Start: End:
Address: <input type="checkbox"/> yes <input type="checkbox"/> no	Salary Start: Salary Current/End:
Job Title:	Target Bonus:
Description of Duties:	<input type="checkbox"/> full-time <input type="checkbox"/> part-time
Supervisor's Name:	Supervisor's Title:
Supervisor Phone #:	Supervisor's Email Address:
Permission to contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Reason for Leaving:
<b>Major Responsibilities and Accomplishments:</b>	

Previous Employer (1)	Dates of Employment	
Company Name:	Start:	End:
Address:	Salary Start:	Salary Current/End:
Job Title:	Target Bonus:	
Description of Duties:	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	
Supervisor's Name:	Supervisor's Title:	
Supervisor Phone #:	Supervisor's Email Address:	
Permission to contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Reason for Leaving:	
<b>Major Responsibilities and Accomplishments:</b>		

Previous Employer (2)	Dates of Employment	
Company Name:	Start:	End:
Address:	Salary Start:	Salary Current/End:
Job Title:	Target Bonus:	
Description of Duties:	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	
Supervisor's Name:	Supervisor's Title:	
Supervisor Phone #:	Supervisor's Email Address:	
Permission to contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Reason for Leaving:	
<b>Major Responsibilities and Accomplishments:</b>		

Previous Employer (3)	Dates of Employment	
Company Name:	Start:	End:
Address:	Salary Start:	Salary Current/End:
Job Title:	Target Bonus:	
Description of Duties:	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	
Supervisor's Name:	Supervisor's Title:	
Supervisor Phone #:	Supervisor's Email Address:	
Permission to contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Reason for Leaving:	
<b>Major Responsibilities and Accomplishments:</b>		

Previous Employer (4)	Dates of Employment	
Company Name:	Start:	End:
Address:	Salary Start:	Salary Current/End:
Job Title:	Target Bonus:	
Description of Duties:	<input type="checkbox"/> full-time <input type="checkbox"/> part-time	
Supervisor's Name:	Supervisor's Title:	
Supervisor Phone #:	Supervisor's Email Address	
Permission to contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Reason for Leaving:	
<b>Major Responsibilities and Accomplishments:</b>		

**Key Accomplishments**

(Please list additional skills, certifications, and/or experiences in your carrier that you feel would improve your application for employment)


**References**

(Please provide three professional references of individuals that you have known for a minimum one year)

Name	Title	Company	Telephone Number	Email Address	Relationship	Years known

**Voluntary Self-Identification of Ethnicity, Race and Gender**

Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** 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.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

## Voluntary Self-Identification of Disability

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

**Disabilities include, but are not limited to:**

- |                                                                |                                                                        |                                                                                         |
|----------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Blindness                             | <input type="checkbox"/> Major depression                              | <input type="checkbox"/> Diabetes                                                       |
| <input type="checkbox"/> Autism                                | <input type="checkbox"/> Obsessive compulsive disorder                 | <input type="checkbox"/> Epilepsy                                                       |
| <input type="checkbox"/> Bipolar disorder                      | <input type="checkbox"/> Cancer                                        | <input type="checkbox"/> Schizophrenia                                                  |
| <input type="checkbox"/> Post-traumatic stress disorder (PTSD) | <input type="checkbox"/> HIV/AIDS                                      | <input type="checkbox"/> Muscular dystrophy                                             |
| <input type="checkbox"/> Deafness                              | <input type="checkbox"/> Multiple sclerosis (MS)                       | <input type="checkbox"/> Missing limbs or partially missing limbs                       |
| <input type="checkbox"/> Cerebral palsy                        | <input type="checkbox"/> Impairments requiring the use of a wheelchair | <input type="checkbox"/> Intellectual disability (previously called mental retardation) |

Please check one of the boxes below:

- I DON'T WISH TO ANSWER  
 YES, I HAVE A DISABILITY (or previously had a disability)  
 NO, I DON'T HAVE A DISABILITY

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and that I have not falsified, omitted or misrepresented any information. I agree to Novelstar Pharmaceuticals, performing a background check, including a reference check, and understand that any falsifications, misrepresentations, or omissions of information on this form or in any representation to Novelstar Pharmaceuticals, relating to my education, background, previous employment, criminal background history, professional certifications, or any other job related information may disqualify me from consideration for employment, and if discovered after I am employed, may be grounds for my immediate dismissal.

I also understand that if I am given an offer of employment, that offer will be subject to successfully completing a drug test.

I agree to hold Novelstar Pharmaceuticals, its partners, directors, officers, employees and agents harmless if my employment is terminated or I am refused employment due to incorrect statements or omissions of information on this application.

I also understand that if I am employed by Novelstar Pharmaceuticals, my employment is at-will, and not for any definite term. I understand that either Novelstar Pharmaceuticals or I may terminate my employment at any time, for violation of any company policy, or for any or no reason.

## Disclaimer and Signature

I certify that my answers and all of the information provided by me in support of my application for employment is true and complete. Any false, misrepresented, or omitted information may result in ineligibility for hire or reemployment, discipline, or termination of assignment or employment. I have read this Application, I understand it, and I agree to its terms.

Name (Please Print)	Signature
Date	