



Application for Employment

Have you ever plead guilty or no contest to, or been convicted of any criminal offense? Yes No

CRIMINAL OFFENSES ONLY: If you answered Yes, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. Huvepharma will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

Have you ever initiated an act of violence in the workplace? Yes No

If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

EDUCATION AND TRAINING

List all special technical skills that you feel qualify you for the job for which you are applying (for example, computer programming/language, software, equipment operation, special tools or machines, etc.)

Education	School Name and Location (Address, City, State)	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

Honors Received _____

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record (for example, change of name, use of an assumed name, nickname, etc.)

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer

Name _____ Address _____ Type of Business _____

Telephone () _____ Dates Employed From ____/____/____ To ____/____/____

Job Title _____ Duties _____

Supervisor's Name _____ May we contact? Yes No - If no, why not? _____

Wages Start _____ Final _____ Reason for Leaving _____

What will this employer say was the reason your employment terminated? _____

How much notice did you give when resigning? If none, explain _____

Employer

Name _____ Address _____ Type of Business _____

Telephone () _____ Dates Employed From ____/____/____ To ____/____/____

Job Title _____ Duties _____

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Job Title _____ Duties _____

Supervisor's Name _____ May we contact? Yes No - If no, why not? _____

Wages Start _____ Final _____ Reason for Leaving _____

What will this employer say was the reason your employment terminated? _____

How much notice did you give when resigning? If none, explain _____

Please explain fully all gaps in your employment history in excess of one month.

Have you ever been terminated or asked to resign from any job? Yes No If Yes, how many times? _____

Has your employment ever been terminated by mutual agreement? Yes No If Yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? Yes No If Yes, how many times? _____

If you answered "Yes" to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work Relationship (ie, supervisor, co-worker)	Telephone

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

Name	Occupation	Address	Telephone	Number of Years Known

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Huvepharma, Inc. may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If Huvepharma has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to Huvepharma's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with Huvepharma's policies and applicable federal, state, and local law.

If employed by Huvepharma, I understand and agree that Huvepharma, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

HUVEPHARMA, INC. IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, HUVEPHARMA OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF HUVEPHARMA IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF HUVEPHARMA.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF HUVEPHARMA, INC., AND I UNDERSTAND THAT HUVEPHARMA HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize Huvepharma or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Huvepharma or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Huvepharma and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by Huvepharma, Inc., I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by Huvepharma. I also understand Huvepharma employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature _____ Date _____