



101 Sinking Springs Lane  
P.O. Box 467  
Emigsville, PA 17318

Phone: 717-764-1191  
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## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

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

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

If related to anyone in our employ, state name and department: \_\_\_\_\_

From whom did you learn of our firm? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? \_\_\_\_\_ Yes \_\_\_\_\_ No (Proof of citizenship or immigration status will be required upon employment.)

Within the past seven (7) years, have you been convicted of a felony or misdemeanor and/or are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial.) If the answer is yes, furnish details of conviction, offense, location, date and sentence. (Convictions are not an automatic bar to employment.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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**Employment Desired:**

Position: \_\_\_\_\_ Date you can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever applied to this company before? \_\_\_\_\_ Yes \_\_\_\_\_ No When: \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

**General -- Subject of Special Study or Research Work:**

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Activities (Civil, Athletic, Fraternal, etc.) Exclude organizations, the name or character of which indicate race, creed, color, or national origin of its members.

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**Military:**

U.S. Military Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Present Membership in Nat. Guard or Reserves: \_\_\_\_\_

**Employment History: (List in chronological order starting with the most recent.)**

DATE	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING	CONTACT?
From _____ To _____					____ Yes ____ No
From _____ To _____					____ Yes ____ No
From _____ To _____					____ Yes ____ No
From _____ To _____					____ Yes ____ No

**References (Give below the names of three persons not related to you, whom you have known for at least one year.)**

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

**Ability to perform job-related functions:**

Is there anything that will prevent you from performing the essential function(s) of the position or positions for which you are applying with or without reasonable accommodation? \_\_\_\_ Yes \_\_\_\_ No. (If you are not sure of the essential functions of the position(s) for which you are applying, please request a job description listing them.) If yes, please explain:

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**PLEASE READ CAREFULLY BEFORE SIGNING THE APPLICATION**

I authorize Hercon Pharmaceuticals, LLC (the “Company”) to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions and the Company from any and all liabilities arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment with the Company.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials, and employment references as well as satisfactory completion of a background records check for criminal convictions and/or pending charges with such enforcement or investigatory agencies as the Company may deem appropriate. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Company has not employed me. I understand that any information furnished or recovered as a result of any inquiry will not preclude employment, but will be considered as part of an overall evaluation.

I understand that any offer of employment may also be conditioned upon my taking and passing a pre-employment physical examination (which may include a drug test). I also agree to take random drug testing at such other times as required by the Company (to the extent permitted by law) during the period of my employment.

I understand that nothing in this employment application, in the Company’s policy statements or personnel guidelines, or in my communications with any Company official is intended to create an employment contract between the Company and me. I also understand that the Company has the right to modify its policies without giving me notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless it is made in writing and signed by a Company officer. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. I also understand that the Company retains the right to terminate my employment at any time for any reason, with or without cause.

I also authorize the Company to supply information about my employment record, in whole or in part, to any prospective employer, government agency, or other party having a legal and proper interest and I hereby release the Company from any and all liability for its providing this information.

The following question is voluntary and refusal to answer will have no adverse effect on the employment decision: In the process of requesting information as noted above, is there another name under which you have worked and/or attended school that we should use when making such inquiries on your behalf? \_\_\_Yes \_\_\_No

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Other Name (Please Print)

My signature below indicates that I have read, understood and consented to the above statements and that I affirm accuracy of all answers given to the questions on this application. This authorization or photocopy shall serve as consent for the Company to request any information concerning my application:

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Signature Date