



## Employment Application An equal opportunity employer

Applicant number

Date

**Please read carefully**

I certify that all statements made by me in this application for employment, in the resume I submitted to Bayer Corporation, and during my conversations with members of the Bayer organization are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation, falsification or omission of facts made by me on this application, on my resume or during conversations with members of the Bayer organization, regardless of when discovered, shall be grounds for disciplinary action, up to and including termination of employment.

I hereby authorize Bayer to fully investigate my record and work qualifications either before (except present employer) or after my employment (all employers) and to facilitate such investigation, I also hereby authorize any previous employers, educational institutions and credit reporting agencies to provide Bayer with any information they request. I hereby release my previous employers, educational institutions and credit reporting agencies from any liability or claims arising out of the release of such information.

I understand that employment is contingent upon the following if required by the company:

- A. A favorable medical examination conducted by a doctor selected by Bayer,
- B. Receipt by the company of educational transcript(s),
- C. Receipt by the company of other pertinent documents,
- D. Proof of eligibility to be legally employed in the U.S.

I understand and agree that my employment is contingent upon my acceptance of the terms of the Bayer Corporation Agreement.

I understand and agree that all products or results of any work which I may do in the course of, or in furtherance of my employment by Bayer, or any of its subsidiaries, divisions, affiliates, or successors, whether patentable or not, shall be the sole property of Bayer. Any patent which may be applied for relating to such work-product or result, shall be unconditionally assigned to Bayer.

I understand and agree that any knowledge whatsoever of a confidential nature, which I may acquire as a result of or in connection with my employment shall remain the sole exclusive property of Bayer, both during and after termination of my employment.

If hired, I consent to the use of my image, voice and name by Bayer Corporation and its related companies for internal use. I waive any right to inspect or approve such uses prior to publication and agree that I will receive no additional compensation in return for same.

I understand and agree that if employed by Bayer, its affiliates, subsidiaries, divisions or successors, such employment is not for any definite period, but may be terminated by either party at any time.

I further agree to obey all rules, policies and practices of Bayer, if accepted as an employee.

**I have read and understand the foregoing.**

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant's name (please print) Last, first, middle initial

Personal data - complete in detail even if a resume has been or is being submitted			
Last name	First name	Middle initial	Social security no.
Street address			Home phone no.
City	State	Zip code	Business phone no.
Position applied for		Date available	Minimum salary desired
Are you available to work <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary assignment <input type="checkbox"/> Summer/seasonal assignment	Shift preference <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Rotational	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral source <input type="checkbox"/> Advertisement <input type="checkbox"/> Other _____ <input type="checkbox"/> Friend <input type="checkbox"/> Relative                                      Name of referral (agency, friend,relative, etc.) _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment agency                      Do you have any relative employed by Bayer or an affiliate company? If so, name and relationship _____			
Have you ever been employed by Bayer or an affiliate company before? If yes, give date and location. <input type="checkbox"/> No <input type="checkbox"/> Yes			
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? <input type="checkbox"/> No <input type="checkbox"/> Yes                                      Alien Registration no. _____			
Have you ever been convicted of felony? If yes, explain. (A conviction will not be an automatic bar to employment. It will be considered only as it is related to the position applied for.) <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Experience** - complete in detail even if a resume has been or is being submitted.

List all former employers, beginning with the present or most recent and working back to your first employer. Use an additional sheet of paper, if necessary, to complete this listing.

<b>1</b>	Name of employer	Phone no.	Starting date (mo./yr.)	Starting salary
	Address		Leaving date (mo./yr.)	Leaving salary
	Job title and duties			
	Reason for leaving		Supervisor's name/title	

<b>2</b>	Name of employer	Phone no.	Starting date (mo./yr.)	Starting salary
	Address		Leaving date (mo./yr.)	Leaving salary
	Job title and duties			
	Reason for leaving		Supervisor's name/title	

<b>3</b>	Name of employer	Phone no.	Starting date (mo./yr.)	Starting salary
	Address		Leaving date (mo./yr.)	Leaving salary
	Job title and duties			
	Reason for leaving		Supervisor's name/title	

<b>4</b>	Name of employer	Phone no.	Starting date (mo./yr.)	Starting salary
	Address		Leaving date (mo./yr.)	Leaving salary
	Job title and duties			
	Reason for leaving		Supervisor's name/title	

<b>5</b>	Name of employer	Phone no.	Starting date (mo./yr.)	Starting salary
	Address		Leaving date (mo./yr.)	Leaving salary
	Job title and duties			
	Reason for leaving		Supervisor's name/title	

**U.S. Military Service**

Have you served as a member of the armed forces of the U.S.? If yes, complete the following.  No  Yes

Entry date	Discharge date	Branch	No. of people under your command	Last rank
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Major duties

Specialized training

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**Education** - complete in detail even if a resume has been or is being submitted

School name	Address	Scholastic average	Major/ Minor	Degree/ Certificate
<b>High school</b>				

Extra-curricular activities

College(s)				

Extra-curricular activities

Graduate school(s)				

Thesis/Doctoral Dissertation

Technical school/business school/others				

Course(s)

List academic honors, prizes, scholarships and fellowships

**General information**

Are you willing to relocate?  Yes  No  
 Are you willing to work in a foreign country?  Yes  No  
 Are you willing to travel?  Extensive  Limited  Not at all

Professional societies or organizations to which you belong

Professional licenses/certifications

Have you ever entered into any employment or other confidentiality agreement that could limit the scope of your employment at Bayer?  
 If yes, please provide details.  
 No  Yes

Please list any inventions or publications you are responsible for, or any patents you own (if none, write none)

List all foreign languages you can speak and understand

**Professional/business references**

Name	Address	Phone no.	Occupation



Reports are periodically made to the Government concerning the applicant information below. Your voluntary submission of this information will assist Bayer in the preparation of the reports. Immediately upon our receipt, this form will be separated from the

application and will not become part of your file. The form will be retained separately for statistical purposes only. Your refusal to complete this form will not affect the status of your application or possible subsequent employment with Bayer Corporation

Name \_\_\_\_\_  
Last First Middle initial

Male

Female

Are you a former member of the Armed Services with service during the period August 5, 1964 through May 7, 1975 with other than dishonorable discharge?

Yes

No

**Race/ethnic category**

- White: all persons having origins in Europe, North Africa or the Middle East, and not specially included in another group.
- Black: all persons having origins in any of the black racial groups, of Africa.
- Asians or Pacific Islanders: all persons having origins in the Far East, Southeast Asia, the Pacific Islands, or Indian subcontinent.
- Hispanic: all persons of Spanish, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.
- American Indians or Alaskan Natives: all persons having origins in any of the original peoples of North America.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

**For office use only**

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