

# APPLICATION FOR MERCK ENGINEERING & TECHNOLOGY FELLOWSHIP 2010-2011

Applicant name: \_\_\_\_\_

Initial Application       Previous Fellowship Recipient      Year: \_\_\_\_\_

What prompted you to apply for a fellowship award?

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Internship position or area of work in which you are interested:

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Are you able to commit to a 10- 12 week internship beginning in June 2010?

Yes       No

## GEOGRAPHIC PREFERENCE

Merck has facilities in the Northeast and Southeast of the United States. Do you have any strong geographic preferences or areas where you need to work?       Yes       No

If yes, please specify:

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**In order that we may better understand your qualifications and interests and to assure you the fullest consideration, please**

- Complete all applicable portions of the Merck application for employment, attached to this application.
- Enter your profile on [http://www.merck.com/careers/submit\\_resume/index.html](http://www.merck.com/careers/submit_resume/index.html) for position ADM003868 for Engineering majors, ADM003932 for Science majors or ADM003948 for Business majors.
- Attach a school transcript to this packet (official or student copy).

**Return the completed application and transcript by DECEMBER 15, 2009 to:**

**Engineering Scholarship Program  
The University of Texas at Austin  
1 University Station C2100  
Austin, TX 78712  
[scholarships@engr.utexas.edu](mailto:scholarships@engr.utexas.edu)  
(512) 475-6830  
ECJ 2.106**

**If you have any questions regarding the Merck Engineering & Technology Fellowship Program, please contact:**

**Ken Reiss  
Staffing Consultant  
[Kenneth\\_Reiss@merck.com](mailto:Kenneth_Reiss@merck.com)  
(908) 423-4278**



# Application for Employment

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

In order that we may better understand your qualifications and interests and to assure you the fullest consideration, please complete all of the items listed below (type or print).

\_\_\_\_\_  
Name (First, Middle, Last) Social Security Number

\_\_\_\_\_  
Present Address City & State Zip Code

( ) ( ) May we contact you at work?  
Home Phone Number Work Phone Number  Yes  No

\_\_\_\_\_  
Permanent Address City & State Zip Code

( )  
Home Phone Number E-Mail Address

Position or area of work in which you are interested: \_\_\_\_\_

Type of employment desired (check all that apply):

Full-time  Internship/Co-op  Summer Date available: \_\_\_\_\_  
 Part-time  Temporary Hours available: \_\_\_\_\_

Are you willing to relocate?  Yes  No

Geographical preference(s): \_\_\_\_\_

Desired Salary: \_\_\_\_\_ Bonus: \_\_\_\_\_

Desired Hourly Rate: \_\_\_\_\_ Other: \_\_\_\_\_

## REFERRAL SOURCE

(Check one to indicate where you heard about Merck and enter the specific source name below.)

- Sent Unsolicited Resume  Media Advertising (Print)  Employee Referral
- Gov't Employment Agency  Media Advertising (Internet)  Job/Career Fair
- Private Employment Agency  College Career Center  Merck Internet Site
- Professional Organization  Campus Recruiter  Other

Specific Source Name (e.g., NY Times, Agency name, Web site, College name, etc.): \_\_\_\_\_

Do you have a relative (e.g., spouse, child, parent, or legal guardian, brother or sister by blood or marriage, nephew, niece) employed by Merck or one of its subsidiaries?

Yes  No If yes, please provide name: \_\_\_\_\_

Name

## EMPLOYMENT ELIGIBILITY

The Immigration Reform and Control Act of 1986 (IRCA) requires us to employ only persons authorized to work in the United States.

- 1) If you are applying for a position in the United States, are you legally authorized to work in the United States?  
 Yes  No
- 2) If you are a foreign national, will you now or in the future require sponsorship for employment visa status?  
 Yes  No
- 3) Have you ever been employed by our Company or any of Merck Divisions/Subsidiaries?  
 Yes  No

If you answered "Yes" to Question 3, please complete the following:

Employment Dates	Job Title	Location
Supervisor (Name & Title)	Supervisor's Phone Number	Primary Reason for Leaving

- 4) Have you in the past 12 months, or currently, interviewed with another Merck facility and/or with any Merck Subsidiaries?  Yes  No

If you answered "Yes" to Question 4, please complete the following:

Location	Contact Name	Phone Number (     )
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## EDUCATION

Name of High School & Location	Class Rank	Curriculum	Diploma Received <input type="checkbox"/> Yes <input type="checkbox"/> No ___GED
Colleges, Universities, Institutes (Please specify Name & Location)	Degree Received	Date Received (For verification purposes)	Major & Minor Subjects (With <i>Grade Point Averages</i> for each & overall <i>Class Rank</i> )
			Major: Minor: GPA:      Major GPA:      Rank:
			Major: Minor: GPA:      Major GPA:      Rank:
			Major: Minor: GPA:      Major GPA:      Rank:
			Major: Minor: GPA:      Major GPA:      Rank:

Title of Master's Thesis & Advisor's Name (if applicable): \_\_\_\_\_

Title of Ph.D. Thesis & Advisor's Name (if applicable): \_\_\_\_\_

## POST-DOCTORAL APPOINTMENT(S)

University/Research Institute	Years	Position Information
		School: Department: Advisor's Name:
		School: Department: Advisor's Name:

**ACADEMIC APPOINTMENTS; BOARD MEMBERSHIPS; ELECTED OFFICES; PROFESSIONAL OR TRADE ORGANIZATIONS; AWARDS; HONORS; PRIZES; OTHER APPOINTMENTS**

(You may exclude those activities, etc., which indicate your union status, race, creed, color, sex, marital status, age, national origin, religion, sexual orientation or disability.)

Type of Activity: Title/Honor: Organization: Date(s):
Type of Activity: Title/Honor: Organization: Date(s):
Type of Activity: Title/Honor: Organization: Date(s):

**PUBLICATIONS AND/OR PATENTS**

Please list job-related publications and/or patents. (You may exclude those activities, etc., which indicate your union status, race, creed, color, sex, marital status, age, national origin, religion, citizenship, sexual orientation or disability.)

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**FOREIGN LANGUAGE SKILLS AND PROFICIENCY LEVELS**

Language*	Code ( <i>See Below</i> )				
	1	2	3	4	(Please Check)
	1	2	3	4	(Please Check)
	1	2	3	4	(Please Check)

\*A degree, diploma, or foreign language may not necessarily be required for the position for which you are applying.

CODE	DESCRIPTION
1. Elementary (Knowledge of)	Basic knowledge only, inadequate for business purposes.
2. Working Knowledge	Read and speak the language (enough to discuss business within limits).
3. Proficiency	3-5 years usage in the country, including writing reports and conducting business negotiations.
4. Fluency (Bilingual)	Absolute ability to read, write and speak.

**EMPLOYMENT EXPERIENCE**

- Please provide a full account of your work experience, including U.S. Military service, if job-related, and job-related volunteer work. Please complete all sections and *do not* use “See Resume”.
- If you are a recent graduate, please indicate internships or work experience during school.
- When employed as a temporary or contractor, please list the temporary agency or contract firm as your employer.
- Additional compensation should be listed by plan (i.e., bonus, commissions, profit sharing, overtime, stock)
- Please list employment in reverse chronological order.

**1. Present or Last Employer:** \_\_\_\_\_ Dates (Start/End): \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position Responsibilities: \_\_\_\_\_

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May we contact your present employer?  Yes  No

**EMPLOYMENT EXPERIENCE (Continued):**

2. Previous Employer: \_\_\_\_\_ Dates (Start/End): \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

STREET

CITY

STATE

ZIP

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position Responsibilities: \_\_\_\_\_

3. Previous Employer: \_\_\_\_\_ Dates (Start/End): \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

STREET

CITY

STATE

ZIP

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position Responsibilities: \_\_\_\_\_

4. Previous Employer: \_\_\_\_\_ Dates (Start/End): \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

STREET

CITY

STATE

ZIP

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Additional Compensation: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Position Responsibilities: \_\_\_\_\_

**REFERENCES**

Please list three (including college references) other than relatives.

Name	Relationship	Address	Phone Number

Have you ever been convicted of any crime?  Yes (see below)  No

NOTE(S):

1. Please note that a conviction record will NOT NECESSARILY be a bar to employment. All relevant factors such as seriousness/nature of the infraction, its relation to the position sought, DATE OF THE CONVICTION and rehabilitation will be considered. A conviction means 1) a verdict of guilty 2) a plea of guilty 3) a plea of no contest.
2. You may answer "NO" if you have not had any convictions or if your only felony conviction(s) is contained in a sealed or juvenile record or you have been officially pardoned. For CALIFORNIA applicants only, you may omit reference to any marijuana-related offense if the date of the conviction is more than two years ago.
  - If YES, please explain below giving date, charge, disposition and any other details you feel are appropriate.

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Have you ever been, are you currently, or do you expect to be listed on a government exclusions list including, but not limited to, those listed below.  Yes  No

- a) The Health and Human Services, Office of Inspector General List of Excluded Individuals and Entities that lists parties excluded from participation in the Medicare, Medicaid and all Federal health care programs, pursuant to the provisions of 42 U.S.C. 1320a-7, 1395ccc and 1320c-5. (<http://www.hhs.oig.gov>).
- b) The General Services Administration's Excluded Parties List that lists parties that are excluded from receiving Federal contracts, certain subcontracts and certain Federal financial and nonfinancial assistance and benefits, pursuant to the provisions of 31 U.S.C. 6101. (<http://www.epls.gov>).
- c) The Food and Drug Administration's Debarment List that lists firms or persons debarred pursuant to Sections 306(a) and (b) of the Food, Drug and Cosmetic Act (21 U.S.C. 335(a) and (b)). ([http://www.fda.gov/ora/compliance\\_ref/debar/default.htm](http://www.fda.gov/ora/compliance_ref/debar/default.htm)).
- d) List of Specially Designated Nationals and Blocked Persons ("SDNs"), Office of Foreign Assets Control, U.S. Department of Treasury. (<http://www.treas.gov/offices/enforcement/ofac/sdn/t11sdn.pdf>).
- e) Denied Persons List, Bureau of Industry and Security, U.S. Department of Commerce (<http://www.bis.doc.gov/dpl/thedeniallist.asp>) (parties whose export privileges have been denied or curtailed because of past export violations).
- f) Entity List, Bureau of Industry and Security, U.S. Department of Commerce (<http://w3.access.gpo.gov/bis/ear/pdf/744spir.pdf>) (parties associated with the proliferation of weapons of mass destruction); and
- g) Unverified End Users' List, Bureau of Industry and Security, U.S. Department of Commerce ([http://www.bis.doc.gov/enforcement/unverifiedList/unverified\\_parties.html](http://www.bis.doc.gov/enforcement/unverifiedList/unverified_parties.html)) (inclusion of a party's name on this list is considered a cautionary "red flag" for export control purposes).
- h) U.S. State Department Debarred List (<http://www.bis.doc.gov/ComplianceAndEnforcement/ListsToCheck.htm>).

If yes, please explain below:

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## DRIVING HISTORY

*Only answer the driving questions if you are applying for a sales or driving-related position.*

1. Do you presently hold a valid driver's license?  Yes  No
2. Have you ever been involved in any motor vehicle accidents while driving during the past three years?  
 Yes  No
3. Do you have any restrictions on your driver's license at present?  Yes  No
4. Have you been convicted of any moving violations during the past five years?  Yes  No  
(Note: A moving violation includes, but is not limited to, a speeding ticket, even one that has been paid.)

If you answered "yes" to questions 2, 3 or 4, please explain below. Include appropriate details.

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**I UNDERSTAND THAT:**

- My application for employment with Merck & Co., Inc. is made with the understanding that nothing contained in this application or in the granting of an interview is intended to create a contract between Merck & Co., Inc. and myself for either employment or the providing of any benefit. Further, if Merck & Co., Inc. and I enter into an employment relationship, I understand that I have the right to terminate my employment without notice at any time and for any reason and that Merck & Co., Inc. retains a similar right;
- I will participate in the group insurance plan for employees of Merck & Co., Inc., if and when I become eligible under its provisions. (A booklet describing this plan in detail is available upon request);
- I will agree to abide by the Merck & Co., Inc. conditions of employment, if employed (pertains to conflicts of interest, inventions, discoveries, etc.). A document describing these conditions is available upon request;
- I authorize the Company to obtain verification of all statements made in this application and other job-related information considered pertinent by the Company;

More specifically, I authorize Merck to verify all information except information concerning HIV status, but including without limitation, my personal and employment references, public records, education and employment history. I also authorize all my former employers, school officials, instructors, credit bureaus, local, state, and federal authorities, other persons named herein or subsequently provided as references, and other persons with information regarding my qualifications to give Merck & Co., Inc., or its agents, any oral or written information they have regarding me. I also understand that as a condition of being considered for employment I may be requested to authorize the release of information to Merck & Co., Inc. and I will provide this authorization upon request. I hereby release these companies, organizations, agents, individuals, and Merck & Co., Inc. from any liability for any damage whatsoever resulting from the investigation, use or disclosure of such information.

- Merck maintains a smoke-free work environment. I agree to obey Merck’s smoking restrictions;
- Merck regards drug abuse as a serious problem and maintains a drug-free environment. If I accept a job offer, I will be tested for current substance abuse during preplacement health evaluation. In addition, as a safeguard to my health and the health of my fellow employees, I will submit to such physical examinations, Medical Surveillance Programs and tests for substance abuse during the course of the employment as the Company may deem reasonable and necessary;
- I intend that a facsimile or copy of this Authorization and Release shall be as valid as the original.
- **Any misrepresentation by me in this application or in the medical history furnished or to be furnished by me will be sufficient cause for termination from the Company.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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## Application for Employment



### NON-COMPETE/EMPLOYMENT CONTRACT AGREEMENTS

Have you at any time entered into an Employment Agreement, a Non-Competition and/or Confidentiality Agreement or any other agreement that would in any way affect, restrict or limit your employment by Merck?  Yes  No  
If Yes, please provide a copy of the agreement(s) and the following information:

Name of other party to agreement: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP

Date of agreement: \_\_\_\_\_ Term of agreement: \_\_\_\_\_

### CONSUMER CREDIT REPORT DISCLOSURE

Pursuant to the Consumer Credit Reporting Reform Act of 1996, by this document, Merck & Company, Inc. hereby informs you that a consumer credit report may be obtained, at any time during your employment, for employment-related purposes, including but not limited to obtaining a credit card or other credit for business-related expenses. Your signature below will confirm that you have received and read this document.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Affirmative Action Self-Identification Form



(Completion of this form is voluntary and is not part of the application process.)

We ask applicants to complete this section to assist us in complying with federal equal employment reporting requirements. All applicants for employment will be considered without regard to race, religion, color, national origin, sex, age, disability or veteran status. Data will be used only for statistical purposes and to measure the effectiveness of recruitment efforts and affirmative action programs.

**THIS INFORMATION IS BEING REQUESTED ON A STRICTLY VOLUNTARY BASIS AND REFUSAL TO SUPPLY IT WILL NOT AFFECT YOUR PROSPECTS FOR EMPLOYMENT WITH Merck.**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET

CITY STATE ZIP

Social Security Number: \_\_\_\_\_

Please check appropriate boxes

**GENDER:**  Male  Female

## RACE/ETHNICITY:

What is your race/ethnicity? You may mark **only one** box.

**Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**White (not Hispanic or Latino)**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (not Hispanic or Latino)**

A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (not Hispanic or Latino)**

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 Philippines Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (not Hispanic or Latino)**

A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.

**Two or More Races (not Hispanic or Latino)**

All persons who identify with more than one of the above races.

## VETERAN STATUS:

**ARMED FORCES SERVICE MEDAL VETERAN**

Any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985.

**OTHER PROTECTED VETERAN**

Any veteran who served on active duty in the Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized, other than qualified disabled veterans or Armed Forces Service Medal veterans.

**NONE OF THE ABOVE**