



Arena Pharmaceuticals, Inc.

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

All employment decisions are made without regard to unlawful considerations of race, sex, sexual orientation, gender identity, religion, national origin, age, disability, or any other legally protected status. Reasonable accommodations are available to qualified disabled individuals, upon request.

PLEASE ANSWER ALL QUESTIONS

Date:

PERSONAL INFORMATION

Name: (Last, First, Middle I.)		Email Address:	
Address: (Street Address/Apt #, City, State, Zip Code)		Phone:	
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, you will be required to submit a work permit or proof of graduation from high school or the equivalent, if hired.	If hired, can you provide proof that you are a citizen or national of the United States of America, a lawful permanent resident or an alien authorized to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of employment authorization status will be required if you are hired.)		
Have you worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the date you left and the reason for leaving:	Do you have any relatives employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give names and relationship:		
Have you ever worked for KPMG, Ernst & Young, any of their affiliated entities, or any affiliated entities of such entities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			

EMPLOYMENT DESIRED

Position Applied For (Include Job Code)	Date you can start, if offered employment	Compensation desired
Are you applying for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary Hours and days available:		
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are applying for an hourly (non-exempt) position, are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Briefly describe your qualifications for this work and any special skills or experiences you possess that will be of special benefit in the job for which you are applying:		
Which source prompted your application?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other - please indicate: <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Walk In	<input type="checkbox"/> Employee Referral - Please provide name: <input style="width: 100px;" type="text"/>	

CRIMINAL RECORD HISTORY

Have you ever been convicted of a crime? (**Do not respond concerning the following:** arrests or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion program; marijuana-related convictions more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.) Yes No

If yes, what was (were) the offense(s)?

Date(s) and place(s) of conviction

A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Factors such as age at the time of the offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense, and rehabilitation will be taken into account.

EDUCATION

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	LIST DEGREES	GRADUATED? YES/NO
High School	N/A	N/A	N/A	
Jr. College or College				
University				
Technical or Vocational School				

EDUCATION CONTINUED

Other Training or Degrees:

School(s)		City/State	
Course		Degree or Certificate Earned	

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held: _____

License Number & State: _____

License Expiration Date(s): _____

Other Professional Memberships: _____

(You need not disclose memberships that may reveal information regarding race, color, creed, sex, sexual orientation, gender identity, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

REFERENCES

Please provide the name, address and telephone number of at least three people who would be willing to provide a business reference.

	NAME/RELATIONSHIP	ADDRESS/PHONE	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

WORK HISTORY - Please fill out completely, even if accompanied by resume/CV. Attach additional pages if necessary.

List most recent work experience first (paid or unpaid). Account for all time and complete all items.

Company Name:	Telephone:	DATES EMPLOYED	
Address: (Street Address, City, State, Zip code)		From:	To:
Your Title and Description of Work Performed:		BASE RATE OF PAY	
		Start:	End:
Supervisor:		May we contact this employer for reference?	
Reason for Leaving:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name:	Telephone:	DATES EMPLOYED	
Address: (Street Address, City, State, Zip code)		From:	To:
Your Title and Description of Work Performed:		BASE RATE OF PAY	
		Start:	End:
Supervisor:		May we contact this employer for reference?	
Reason for Leaving:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name:	Telephone:	DATES EMPLOYED	
Address: (Street Address, City, State, Zip code)		From:	To:
Your Title and Description of Work Performed:		BASE RATE OF PAY	
		Start:	End:
Supervisor:		May we contact this employer for reference?	
Reason for Leaving:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK HISTORY CONTINUED

Company Name: _____ Telephone: _____		DATES EMPLOYED	
Address: (Street Address, City, State, Zip code)		From: _____	To: _____
Your Title and Description of Work Performed:		BASE RATE OF PAY	
Supervisor: _____		Start: _____	End: _____
Reason for Leaving: _____		May we contact this employer for reference?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever been discharged or asked to resign from a position? If yes, please explain:

CERTIFICATION***Read carefully before signing application.***

I certify that the information given by me in this employment application and my resume (cv) is true and correct and contains no material or deliberate omissions of any kind. I understand that any false statements or material omissions of fact made by me in this employment application or the interview process may disqualify me from employment or result in my termination. I authorize **Arena Pharmaceuticals, Inc.** to investigate my background and fitness for employment, including, but not limited to, an investigation of all the information provided in this employment application. I release **Arena Pharmaceuticals, Inc.** its employees and agents from any and all liability for failing to hire me or terminating my employment due to such false information or material omissions. I authorize the companies, schools or persons named in this application to give to **Arena Pharmaceuticals, Inc.** any information regarding my employment or educational background, together with any information they may have regarding my qualifications for the job for which I am applying, whether or not it is in their records. I hereby release said companies, schools or persons and their employees and agents from any and all liability resulting from the disclosure of this information.

I UNDERSTAND AND AGREE THAT IF I AM HIRED, MY EMPLOYMENT RELATIONSHIP WITH **ARENA PHARMACEUTICALS, INC.** IS AT-WILL, WHICH MEANS THAT IT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, BY EITHER ME OR **ARENA PHARMACEUTICALS, INC.** In addition, if I am hired, **Arena Pharmaceuticals, Inc.** has the right to impose discipline or alter my position at its discretion. I understand and agree that no representative of the Company may enter into any agreement contrary to the foregoing unless it is done by way of a specific, written agreement signed by the **President or CEO.**

Signed: _____

Date: _____

**This application will be kept active for 6 months.
Consideration for employment after 6 months will require a newly completed application.**

FOR ADMINISTRATION ONLY:

Interviewed? Yes No By: (list all) _____

Applicant qualified for Position Applied for? Yes No Offer Extended? Yes No Accepted? Yes No

If No, date filed for future review: _____ for (position) _____ Date to destroy: _____

If Yes, Start Date: _____ Title: _____ Rate of Pay: _____

Department: _____ Supervisor: _____



**ARENA AGREEMENT & CERTIFICATION REGARDING REGULATORY MATTERS
AND GOVERNMENT EXCLUSION MATTERS**

Full name: _____

Have you ever used another name in a professional or official context? Yes No

If so, please list all other such names and the dates in which they were used? _____

1. Have you ever been debarred by the U.S. Food and Drug Administration (the "USFDA") or subject to a similar sanction in another jurisdiction (e.g., the European Medicines Agency, sometimes referred to as the EMEA)?*

Yes No

2. Have you ever been disqualified or restricted as a clinical investigator by the USFDA or subject to a similar sanction in another jurisdiction?*

Yes No

3. Do you have any knowledge of any circumstances which may affect the accuracy of questions 1 and 2 above, including but not limited to, USFDA investigations of, debarment or disqualification proceedings against you?

Yes No

4. Have you ever been excluded from receiving federal contracts, subcontracts, or financial or non-financial assistance or benefits from the United States government, or a similar exclusion in another jurisdiction?*

Yes No

5. The United States government prohibits payment by any federal health care program (for example, Medicare and Medicaid) for any items or services furnished, ordered, or prescribed by an individual or entity excluded from participating in the program pursuant to the Social Security Act. Have you ever been excluded from claiming payment from a federal health care program in the United States or a similar exclusion in another jurisdiction?*

Yes No

6. Do you have any knowledge of any circumstances which may affect the accuracy of questions 4 and 5 above, including but not limited to, proceedings against you brought by the United States Office of Inspector General or other governmental agency?

Yes No

**ARENA AGREEMENT & CERTIFICATION REGARDING REGULATORY MATTERS
AND GOVERNMENT EXCLUSION MATTERS (CONTINUED)**

If you answered yes to any of the above questions regarding regulatory matters and/or government exclusion matters, please indicate the circumstances.

- I consent to Arena verifying any of the information contained in this document and agree to immediately notify Arena's Regulatory Affairs Department and Legal Department if any of my answers above change during my affiliation with Arena.

If you have any questions regarding this agreement and certification, or any of the references cited herein, please contact the Legal Department (Executive Administrative Assistant, x 1315) at Arena (+1-858-453-7200) prior to executing it.

Please sign and date below:

I certify that the information given by me in this agreement and certification is true and correct and contains no material or deliberate omissions of any kind. I understand that any false statements or material omissions of fact made by me in this agreement and certification may disqualify me from employment or result in my termination.

Signature: _____

Date: _____

*** Links to additional information:**

For information about debarment and disqualification (see questions 1 and 2 above), you may refer to:

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm176043.htm>

For information about exclusion from receiving federal contracts, subcontracts, or financial or non-financial assistance or benefits from the United States government (see question 4 above), you may refer to: <https://www.epls.gov/eplsearch.do>

For information about exclusion from claiming payment from a federal health care program (see question 5 above), you may refer to <http://oig.hhs.gov/fraud/exclusions.asp>

FOR BENEFITS/LEGAL ADMINISTRATION ONLY: The proposed new hire's name(s) have been checked against (i) the FDA lists of debarred, disqualified, and restricted persons, (ii) the GSA Excluded Persons List System, and (iii) the H&HS List of Excluded Individuals/Entities and was / was not listed.

Signature

Print Name

Date