



Family of Companies

APPLICATION for EMPLOYMENT

Applications for employment with Johnson & Johnson companies are subject to the review of various governmental agencies that have regulatory authority over them.

If you need more space for your answers, please attach a separate sheet. Include any additional information you feel will help us in considering you for the position for which you are applying.

An Equal Opportunity Employer

www.jnj.com/careers



PERSONAL		Please provide requested information in the space provided.	
Name (First, Middle, Last) Lillyan, Daojin, Pan			
Present Address (Street – City – State – ZIP Code) 6166 Cascadilla Hall, Ithaca, NY 14853		Home Phone (651) 342-1001	E-mail
Permanent Address (Street – City – State – ZIP Code) – if different from above 12610 62nd St. N., Stillwater, MN 55082		Work/Cell Phone (651) 354-5074	E-mail ldp54@cornell.edu
How were you referred to us? If referred by a Johnson & Johnson employee, provide employee's name and relationship to you. Career Fair			
List relatives who currently work for a Johnson & Johnson company; include name and company worked for.			
Have you ever been employed by a Johnson & Johnson company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, give name of company, location, dates of employment.	
Type of employment sought: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Co-Op <input checked="" type="checkbox"/> Internship <input type="checkbox"/> Other			

EDUCATION		Please provide requested information in the space provided.				
	Name and Address	Dates Attended	Major or Subject	Degree Obtained? (Yes or No)	Type of degree received	GPA
High School	Stillwater Area Senior High School	9/11-6/14				4.178
	5701 Stillwater Blvd N, Stillwater, MN, 55082					
College/University	Cornell University		CS	In progress	BS	3.76
	Ithaca, NY					
Graduate School						
Technical, Business, Other						
Publications, theses, etc.						
Professional Credentials (organizations, licenses, certificates, certifications)						

LANGUAGES		Specify foreign language proficiency (if relevant to position).	
Read Fluent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Write Fluent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Speak Fluent? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK HISTORY

THIS SECTION MUST BE COMPLETED. List all work experience within the past 10 years, including military service and any periods of unemployment. You may also list volunteer activities. Begin with your most recent position and work back. If you were self-employed or unemployed, list the name and address of a reference (not a relative) who can verify this information.

1	From (Month-Year)	Company or Organization Name	Address (Street, City, State)		Human Resources Phone Number
	02/14	University of Minnesota	Minneapolis, MN 55455		(612) 365-6777
	To (Month-Year)	Job Title/Position	Supervisor Name	Reason for leaving	
	08/14	Research Intern	Dr. Hall / Dr. Ramel	College	
	Description of duties (significant responsibilities, accomplishments and contributions)			Ending annual base pay	0
			Starting annual base pay	0	
			Most recent bonus amount	0	
2	From (Month-Year)	Company or Organization Name	Address (Street, City, State)		Human Resources Phone Number
	06/12	Perpetual Motion Gymnastics Center	257 Rivertown Dr, Woodbury, MN 55125		(651) 459-5837
	To (Month-Year)	Job Title/Position	Supervisor Name	Reason for leaving	
	08/14	Youth Gymnastics Coach,	Stephanie Gibbs	College	
	Description of duties (significant responsibilities, accomplishments and contributions)			Ending annual base pay	7.50
			Starting annual base pay	8.00	
			Most recent bonus amount	0	
3	From (Month-Year)	Company or Organization Name	Address (Street, City, State)		Human Resources Phone Number
					()
	To (Month-Year)	Job Title/Position	Supervisor Name	Reason for leaving	
	Description of duties (significant responsibilities, accomplishments and contributions)			Ending annual base pay	
			Starting annual base pay		
			Most recent bonus amount		
4	From (Month-Year)	Company or Organization Name	Address (Street, City, State)		Human Resources Phone Number
					()
	To (Month-Year)	Job Title/Position	Supervisor Name	Reason for leaving	
	Description of duties (significant responsibilities, accomplishments and contributions)			Ending annual base pay	
			Starting annual base pay		
			Most recent bonus amount		
5	From (Month-Year)	Company or Organization Name	Address (Street, City, State)		Human Resources Phone Number
					()
	To (Month-Year)	Job Title/Position	Supervisor Name	Reason for leaving	
	Description of duties (significant responsibilities, accomplishments and contributions)			Ending annual base pay	
			Starting annual base pay		
			Most recent bonus amount		
6	From (Month-Year)	Company or Organization Name	Address (Street, City, State)		Human Resources Phone Number
					()
	To (Month-Year)	Job Title/Position	Supervisor Name	Reason for leaving	
	Description of duties (significant responsibilities, accomplishments and contributions)			Ending annual base pay	
			Starting annual base pay		
			Most recent bonus amount		

Have you previously worked for a Johnson & Johnson company in any capacity other than as an employee (for example, as an independent contractor or a Kelly Services employee)? ☐ Yes ☐ No

If yes, specify below the capacity in which you performed the work, the organization(s) through which you performed the work, the Johnson & Johnson company for which you performed the work, the dates of the work, and the hours worked per week.

Capacity in which worked	Org'n through which worked	J&J Company assigned to	Date(s) worked	Hours worked per week

REFERENCES		List up to three individuals as references. Include individuals who have knowledge of your occupational skills and background, and include at least one current or former direct manager/supervisor.					
1	Name		Address				
	Stephanie Gibbs		257 Rivertown Dr, Woodbury, MN 55125				
	Occupation		Relationship/how known?		Phone number	E-mail	Years known
	Manager/Gymnastics Coach		Manager		(651) 459-5837	pmotion.gym@gmail.com	10
2	Name		Address				
	Occupation		Relationship/how known?		Phone number	E-mail	Years known
					()		
3	Name		Address				
	Occupation		Relationship/how known?		Phone number	E-mail	Years known
					()		

CONTINGENCIES: Any offer of employment with a Johnson & Johnson company is contingent on satisfactory completion of a health screen and drug test. Are you willing to submit to a health screen and drug test?

☒ Yes ☐ No

Note: Applicants for positions with a Connecticut-based employer or for positions in Connecticut, Johnson & Johnson Services, Inc., Global Health Services department will provide written notice of testing at the time of application and a copy of positive results to candidate. The candidate has the opportunity to provide a written statement to the Johnson & Johnson Services Inc., Global Health Services department with an explanation of positive test results.

WORK AUTHORIZATION: Do you have authorization to work in the U.S.?

☒ Yes ☐ No

If yes, will you now or in the future require sponsorship for work authorization?

☐ Yes ☒ No

If you are under 18 years of age, can you provide required proof of eligibility to work?

☐ Yes ☐ No

OBLIGATION TO CURRENT/PRIOR EMPLOYERS: Do you currently work under any agreement, such as a non-compete agreement, which would restrict your employment with a Johnson & Johnson company?

☐ Yes ☒ No

If yes, please provide a copy of the agreement with this application.

NOTICE TO ALL APPLICANTS: CERTIFICATION
Please read the information below carefully before signing this Application for Employment.

I certify that all information provided by me in this Application for Employment and all representations contained on any resume submitted in connection with an Application for Employment with a Johnson & Johnson company are accurate in all respects and that I have disclosed all responsive information. I understand that any false statement or omission of information on an Application for Employment or on a resume I have submitted may result in the decision not to hire me or, if I am already hired, to discharge me.

I understand that employment at a Johnson & Johnson company is contingent upon my completing satisfactorily the required health screen, including a drug test, as well as a motor vehicle check if I will have a company vehicle assigned to me, and upon my providing proof of eligibility for employment in this country.

I further understand and agree that any offer of employment will be on an employment-at-will basis. As such, both the company and I will have the right to terminate this employment at any time and for any reason. Johnson & Johnson companies employ an Employee Dispute Resolution Program (Common Ground) as the exclusive means for addressing and resolving disputes between employees and the Company. Should I accept a position with a Johnson & Johnson company, I agree to process any employment-related claims I have against a Johnson & Johnson company or its agents through this program.

Should I become an employee of a Johnson & Johnson company, I agree that, unless I first secure the written consent of the Johnson & Johnson company by which I am employed, I will not disclose, use, disseminate, lecture upon or publish any confidential information of any Johnson & Johnson company. I understand that confidential information includes any information disclosed to me or known by me as a result of employment by a Johnson & Johnson company, not generally known to the trade or industry in which the company at issue is engaged, about products, processes, technologies, machines, customers, clients, employees, services and strategies of the company, including, but not limited to, inventions, research, development manufacturing, purchasing, finance, computer software, computer hardware, automated systems, e-business, engineering, marketing, selling, sales volumes or strategies, number or location of sales representatives, name or significance of the company's customers or clients or their employees or representatives, preferences, needs or requirements, purchasing histories, or other customer or client-specific information.

I have read and understand everything outlined in this Application for Employment, as attested by my signature below.

Lillyan Daojin Pan

Applicant's signature (or printed name if by e-mail*)

11/30/15

Date

*I understand that, pursuant to the Electronic Signatures in Global and National Commerce Act, returning the Application for Employment from my e-mail account shall have the same legal effect and validity with respect to the acknowledgments set forth above as my handwritten signature.