

# Sun Pharmaceutical Industries Limited.

**Registration Num:** 3002244583

**Address:** 2 Independence Way, Princeton, NJ 08540, United States.

**Emails:** [sunpharmacareer@instantemploymentservice.com](mailto:sunpharmacareer@instantemploymentservice.com), [info@sunpharma.com](mailto:info@sunpharma.com)

## EMPLOYMENT OFFER LETTER

Following our recent decision, we are delighted to offer you the position with Sun Pharmaceutical Industries. You are becoming part of a fast-paced and dedicated team that works together to provide our clients with the highest possible level of service and advice.

As a member of Sun Pharmaceutical team, we would ask for your commitment to deliver outstanding quality and results that exceed client expectations. In addition, we expect your personal accountability in all the products, actions, advice and results that you provide as a representative of Sun Pharmaceutical. In return, we are committed to providing you with every opportunity and the needed environment to learn grow and attain the highest level of your ability and potential.

We are confident you will find this new opportunity both challenging and rewarding. The following points outline the terms and conditions we are proposing.

**Title:** Data Entry Clerk

**Job description:** See attached

**Training Date:** You will be briefed on the date by the Hiring Manager.

**Group benefits:** Medical, Dental & Vision Insurance, Life and Long-Term Disability Insurance, Vacation, Paid Time Off, 401K, Tuition Assistance, Comprehensive Training Program, Employee Assistance Program, Relocation Allowance, Employee Sign-On Bonus.

**Hours of work:** 40Hr/Wk.

**Salary:** \$30.55/Hr. (Working hours) \$14.55/Hr. (Training Hours)

Following the initial probationary period, a progression and performance review will be conducted on a quarterly basis to assess performance to-date, and to clarify or modify this arrangement, as the need may arise. This arrangement may be terminated by either party upon notice in writing to either party with notice that complies with Employment Standards (or Labor Standards) for the United States of America. We look forward to the opportunity to work with you in an atmosphere that is successful and mutually challenging and rewarding.

Sincerely,

Dr. Sapna Purohit

With the signature below, I accept this offer of employment.

Eileen M. Shultz

Signature

Sep 07, 2022

Date

## Employment Agreement

THIS AGREEMENT made as of the 7 day of Sept 2022, between [Employers] a corporation incorporated under the laws of the United States, and \_\_\_\_\_ [Employee]

WHEREAS the Employer desires to obtain the benefit of the services of the Employee, and the Employee desires to render such services on the terms and conditions set forth.

IN CONSIDERATION of the promises and other good and valuable consideration (the sufficiency and receipt of which are hereby acknowledged) the parties agree as follows:

### 1. Employment:

The Employee agrees that he will always faithfully, industriously, and to the best of his skill, ability, experience and talents; perform all the duties required of his position. In carrying out these duties and responsibilities, the Employee shall comply with all Employer policies, procedures, rules, and regulations, both written and oral, as are announced by the Employer from time to time. It is also understood and agreed to by the Employee that his assignment, duties and responsibilities and reporting arrangements may be changed by the Employer in its sole discretion without causing termination of this agreement.

### 2. Position Title:

As a **Data Entry Clerk**, the Employee is required to perform the following duties and undertake the following responsibilities in a professional manner.

- \*Keep records of materials filed or removed, using log-books or computers.
- \*Documentation of Company Files and record keeping.
- \* Interacting With Computers.
- \*Proper record keeping and documentation.
- \*Assist with placement of orders, refunds, or exchanges.
- \*Advice on company information.
- \*Take payment information and other pertinent information such as addresses and phone numbers.

As full compensation for all services provided the employee shall be paid. Such payments shall be subject to such normal statutory deductions by the Employer.

(a) May wish to include bonus calculations or omit to exercise discretion.

(b) The salary mentioned in paragraph (I) (a) shall be review on an annual basis.

(c) All reasonable expenses arising out of employment shall be reimbursed assuming same have been authorized prior to being incurred and with the provision of appropriate receipts.

#### **4. Vacation:**

The Employee shall be entitled to vacations in the amount of 8 weeks per annum.

#### **5. Benefits:**

The Employer shall at its expense provide the Employee with the Medical, Dental & Vision Insurance, Life and Long-Term Disability Insurance, Vacation, Paid Time Off, Tax-Deferred Annuity 403B, 401K, Tuition Assistance, Comprehensive Training Program, Employee Assistance Program,

#### **6. Performance Reviews:**

The Employee will be provided with a written performance appraisal at least once per year and said appraisal will be reviewed at which time all aspects of the assessment can be fully discussed.

#### **7. Termination:**

(a) The Employee may at any time terminate this agreement and his employment by giving not less than two weeks written notice to the Employer.

(b) The Employer may terminate this Agreement and the Employee's employment if the Employee goes against Company's rules and practices after the 2 weeks probationary period.

(c) The Employer may terminate the employment of the Employee after 2 weeks of probationary period (b) above, provided the Employer pays to the Employee an amount as required by the Employment Standards Act 2000 or other such legislation as maybe in effect at the time of termination. This payment shall constitute the employees' entire entitlement arising from said termination.

#### **8. Non- Competition:**

(a) It is further acknowledged and agreed that following termination of the employee's employment with Sun Pharmaceutical for any reason the employee shall not hire or attempt to hire any current employees of Sun Pharmaceutical Ltd.

(b) It is further acknowledged and agreed that following termination of the employee's employment with Sun Pharmaceutical For any reason the employee shall not solicit business from current clients or clients who have retained Sun Pharmaceutical in the 6-month period immediately preceding the employee's termination.

#### **9. Independent Legal Advice:**

The laws of the United States of America shall govern this agreement. The Employee acknowledges that the Employer has provided the Employee with a reasonable opportunity to obtain independent legal advice with respect to this agreement, and that either:

(a) The Employee has had such independent legal advice prior to executing this agreement, or.

(b) The Employee has willingly chosen not to obtain such advice and to execute this agreement without having obtained such advice.

**10. Entire Agreement:**

This agreement contains the entire agreement between the parties, superseding in all respects all prior oral or written agreements or understandings pertaining to the employment of the Employee by the Employer and shall be amended or modified only by written instrument signed by both parties hereto.

**11. Severability:**

The parties hereto agree that in the event any article or part thereof of this agreement is held to be unenforceable or invalid then said article or part shall be struck and all remaining provision shall remain in full force and effect.

## NEW EMPLOYEE NON-COMPETE, NON-SOLICITATION AND CONFIDENTIALITY AGREEMENT

In consideration of my being employed by Sun Pharmaceutical Industries Ltd. in the role of Data Entry Clerk, I, Eileen M Shultz, hereby agree.

I understand and agree that the following Definitions apply to this Agreement:

a. **Existing Clients:** Any entity with whom Sun Pharmaceutical had an "ongoing business relationship" at the time of the termination of my employment with Sun Pharmaceutical Industries Ltd.

b. **Ongoing Business Relationship:** (i) Services or goods were provided by Sun Pharmaceutical to the entity during my employment with Sun Pharmaceutical. (ii) Services or goods had been contracted for or ordered by the entity during my employment with Sun Pharmaceutical Ltd ; or (iii) negotiations were in progress between the entity and Sun Pharmaceutical for the providing of goods or services by Sun Pharmaceutical to the entity at the time of the termination of my employment.

c. **Business Activities:** The business activities undertaken by Memorial Sun Pharmaceutical in the ordinary course of its business during the term of my employment and any business activities directly or indirectly related to (i) over-the-road transportation services, or (ii) over-the-road transportation-related brokerage or logistics services.

d. **Confidential Information:** Certain confidential financial, marketing, and operational information, including but not limited to information and materials relating to Sun Pharmaceutical, its customers, licensors, and suppliers that are not publicly available. These materials include, but are not limited to, Sun Pharmaceutical financial information, trade secrets, professional, technical, and administrative manuals; associated forms, processes, computer hardware, and software; other methodologies and systems; and Sun Pharmaceutical Ltd. marketing plans, customer lists, and prospect lists.

1. **Non-Compete.** While I am employed by Sun Pharmaceutical, and for two (2) years afterward, I will not, as an owner, officer, director, employee, independent contractor, consultant, representative, or in any other capacity, compete with Sun Pharmaceutical by performing work that is similar to my current duties in my role of \_\_\_\_\_ for or with any existing Sun Pharmaceutical Client(s) or interfere with Sun Pharmaceutical Ltd. ability to serve its existing Client(s).

I acknowledge that Sun Pharmaceutical Ltd may notify my future or prospective employers or any third party of the existence of this Agreement. 2. non-Solicitation. I agree that I will not interfere with Sun Pharmaceutical Ltd ability to serve its existing Client(s).

**2.Non-Solicitation.** I agree that I will not interfere with Sun pharma ability to serve its existing Client(s).

Agreement Not to Solicit Clients: Fully permitted by applicable law, for a period of twelve (12) months after this Agreement becomes enforceable, I, for myself or on behalf of any other person, firm, partnership, corporation, or other entity in competition with Sun Pharmaceutical , in any capacity, may not solicit or obtain any business in competition with the Business Activities of Sun Pharmaceutical from any existing Client of Sun Pharmaceutical with whom Employee had contact while employed at the Company.

Agreement Not to Solicit or Hire. Sun Pharmaceutical. Employees or Agents: To the fullest extent permitted by applicable law, for a period of twelve (12) months after this Agreement becomes enforceable, I will not, in any capacity, attempt to hire, engage or employ, or solicit, contact or communicate with, for the purpose of hiring, employing, or engaging any person who is then an employee, commissioned agent, consultant, or independent contractor of Sun Pharmaceutical or who was an employee, commissioned agent, consultant, or independent contractor of Sun Pharmaceutical at any time within the one (1) year period immediately prior thereto.

**3. Confidentiality:** I acknowledge and agree that, in reliance on this Agreement, during the term of my employment with Sun Pharmaceutical Industries Limited., Sun Pharmaceutical may provide and expose me to Confidential Information. I hereby agree that I will maintain such Confidential Information in confidence and will not use the Confidential Information for my own benefit or disclose it to any third parties, either during or after the term of my employment. Also, I agree that I will not disclose or otherwise discuss any information regarding any member of executive management's personal life or health condition to Sun Pharmaceutical employees, customers, vendors, independent contractors, or competitors.

Upon termination of employment, I will return to Sun Pharmaceutical (and retain no copies for myself) all documents relating to Sun Pharmaceutical business, including but not limited to, reports, manuals, drawings, diagrams, blueprints, correspondence, customer lists, computer programs, and all other materials and all copies of such materials, obtained by me during my employment. If I am ever requested to disclose any information or materials that are subject to these confidentiality restrictions, pursuant to legal process or otherwise, I acknowledge that I must obtain Sun Pharmaceutical written consent prior to making any disclosure.

**4. Reasonableness of Restrictions:** I acknowledge and agree that the restrictions imposed by this Agreement are fair and reasonably required for the protection of Sun Pharmaceutical and its existing Clients.

**5. Injunctive Relief:** I acknowledge and agree that in the event of a violation or threatened violation of any provision of this Agreement, Sun Pharmaceutical will sustain irreparable harm and will have the full right to seek injunctive relief to prevent competition or disclosure, in addition to any other legal remedies available, without the requirement of posting bond.

**6. Survivability:** This Agreement shall remain binding in the event of the termination, for any reason, of my employment with Sun Pharmaceutical and remain in full force and effect thereafter.

**7. Governing Law:** The formation, construction, interpretation, execution, performance, and enforcement of this Agreement shall always and in all respects, be governed solely by the laws of the United States of America, to the exclusion of the law of any forum regardless of the jurisdiction in which the action or proceeding may be instituted and notwithstanding any state's choice of law rules to the contrary. In the event of any dispute or controversy between the Parties arising out of or relating to this Agreement, the Parties agree that the exclusive venue to bring such claim shall be

Brevard County and the prevailing Party shall be entitled to his or its reasonable attorneys' fees and costs, at all levels. Except where clearly prevented by the area in dispute, both Parties agree to continue performing their respective obligations under this Agreement until the dispute is resolved.

**8. Severable Provisions.** The provisions of this Agreement are severable, and if any court of competent jurisdiction determines that any provision(s) of this Agreement are invalid, illegal, or unenforceable, in whole or in part, any invalidity, illegality, or unenforceability shall affect only the subject provision(s), and all other provisions of this Agreement shall remain in full force and effect. The trial court shall have the authority, to the extent permitted and possible, to revise and replace the invalid, illegal, or unenforceable provision with a provision that is valid, legal, and enforceable and that comes closest to expressing the intention of such invalid, illegal, or unenforceable provision. However, I understand that if said application of this Severability provision should materially and adversely affect the economic substance of the transactions contemplated in this Agreement, the Party adversely impacted shall be entitled to compensation for such adverse impact, if the reason for the invalidity or the unenforceability of the term is not due to serious misconduct by the Party seeking such compensation.

**9. Modification:** I understand and agree that this Agreement cannot be amended or modified in any way except by another written Agreement that is signed by both Parties.

**10. Waiver:** I understand and agree that waiver, non-performance, or non-enforcement of any provision of this Agreement shall not constitute a waiver of the right to future enforcement of such provision or any other provision(s), nor shall any delay or omission on the part of either Party to exercise or avail itself of any right or remedy it has or may have operate as a waiver of any right or remedy. Sun Pharmaceutical reserves the right, in its sole discretion, to enforce this Agreement at any time.

**11. Entire Agreement/Merger:** This Agreement constitutes the entire and exclusive agreement between myself and Sun Pharmaceutical as to the terms of the agreement between us with respect to its subject matter, serves as the sole expression of our intent, and supersedes all oral and written prior agreements, understandings, and negotiations between us with respect to this Agreement's subject matter only. I further warrant that Sun Pharmaceutical and I have both participated in the drafting, review, and negotiation of this Agreement and that we have each had adequate opportunity to consult with legal counsel prior to signing and to read and review this Agreement in its entirety; in so doing, neither of us has relied on any representations, statements, or promises of the other Party or the other Party's agent(s). I agree that any failure on the part of either myself or Sun Pharmaceutical to consult with legal counsel or read or review this Agreement prior to signing it precludes any claim that it does not represent the true agreement between us.

**12. Headings:** The headings contained in this Agreement are for reference purposes only and shall not in any way affect the meaning or interpretation of this Agreement. 6. Facsimile and Counterparts. This Agreement may be executed in several counterparts and by facsimile and all so executed all constitute one Agreement, binding on all the Parties hereto, notwithstanding that the Parties are not signatories to the original or same counterpart.

Date: Sep 07, 2022

Signature of Employee: Eileen M. Shultz

Date:

Signature of Sun Pharmaceutical Representative: \_\_\_\_\_

## APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein (including but not limited to the Commercial Motor Vehicle Driver Supplement, if applicable) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts, or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

I consent to and authorize this Company to contact my former employers, references, and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a preemployment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Eileen M. Shultz

Sep 07, 2022

Employee's Signature Date

## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

Section 604(b)(2)(A) of the Fair Credit Reporting Act (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208) provides that an MVR/Consumer Report may be obtained on a consumer for contract for hire purposes.

I acknowledge receipt of the above disclosure and authorize US Transport to obtain an MVR or other Consumer Report(s) on me for employment with US Transport.

This authorization is ongoing in the event such a report is needed in the future.

Eileen M. Shultz

Sep 07, 2022

Employee's Signature

Date



## INFORMATION TECHNOLOGY POLICY OVERVIEW.

Employees of Sun Pharmaceutical are expected to use office equipment and communication tools for business purposes only. Consistent with applicable federal and state laws, supervisors and/or management reserves the right to monitor employee activity without notice and consent.

**EQUIPMENT:** All equipment, including but not limited to computers, printers, fax machines, mobile phones and digital cameras, are to be used for business purposes only. Software installed on each computer must be used in accordance with their licensing agreement: neither Memorial Sun Pharmaceutical nor any of the company's employees have the right to duplicate computer software or its related documentation. Unauthorized duplication of computer software is a federal offense, punishable by up to a \$250,000 fine and up to five (5) years in jail. No Employee shall install any software that has not been either purchased through or approved by the Sun Pharmaceutical IT Department. This includes, but is not limited to, standard desktop applications not already installed on the computer or Internet-based programs, including search toolbars, file sharing, weather alerts, news/sports applets, and gambling/gaming plug-ins. All information stored on company computers is confidential and shall not be disclosed to any person other than to members of Sun Pharmaceutical on a need-to-know basis. This policy applies not only to individual desktop computers and laptops, but to local area networks as well.

**COMMUNICATIONS:** All communication tools, including but not limited to mobile phones, voicemail, e-mail, facsimiles, and Internet usage, are to be used for business purposes only. Employees are prohibited from retrieving email or voicemail messages that are not sent directly to them, unless requested by the person for whom the message was intended. The use of these communication tools for personal communications or for non-job-related solicitations including, but not limited to, religious or political causes is strictly prohibited. Employees are also prohibited from using these communication tools to display or transmit sexually explicit images, messages, ethnic slurs, racial epithets, or anything which could be construed as harassment or disparaging of others. These communication tools should also not be used to send or receive copyrighted materials, trade secrets, proprietary financial information, or other confidential materials without authorization.

**MONITORING:** Supervisors, Management, and the Sun Pharmaceutical IT Department reserves the right to listen to voicemail messages, review emails, track Internet/file transmissions and audit software licensing of any employee without advance notice or consent, within applicable state and federal laws. Employees learning of any unauthorized use of equipment or communication tools as defined by this policy should notify a member of management immediately. Evidence of illegal activities may be disclosed to law enforcement authorities. Violation of any part of this policy may result in disciplinary action, up to and including discharge.

**CELL PHONES:** I understand that as an hourly Sun Pharma employee, I have a responsibility to commit to professional practices regarding cell phone usage. I acknowledge my understanding of Sun Pharma official cell phone policy that employees will not use their cellular phones during the normal workday hours. I agree that I will ONLY use my cell phone as permitted during routine breaks; should an emergency arise, I agree that I will contact the warehouse only for this urgent business. I acknowledge that failure to abide by this policy will be grounds for termination.

By signing this document, I acknowledge that I have read and understand the Sun Pharmaceutical IT Policy described in this document.

Eileen M. Shultz

Employee Signature

Sep 07, 2022

Date

# Employment Application

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our Company fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, the Company maintains a smoke- free workplace.

Applicants for positions in Rhode Island please note that the company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island and is therefore covered by the state's workers' compensation law unless this box is checked ☐

If the box is checked the following exemption applies:

COMPANY NAME: Sun Pharmaceuticals

POSITION HIRED FOR: Data Entry

DATE: Sep 07, 2022

## PERSONAL DATA

Name: Eileen M Shultz

Street Address: City: 700 Integra Dunes Circle, Apt 207, DeLand, FLorida

Zip code:

Telephone: 385-294-8788

If you are under 18 years of age, please specify your age: (This information will be used only for child labor law purposes).

Are there any days, shifts or hours you will not work? ☐ Yes ☒ No

Have you ever been convicted of any criminal or civil offenses? ☐ Yes ☒ No

Note: Answering "yes" does not automatically exclude you from further consideration for the position.

If yes, please provide date(s) and details: \_\_\_\_\_

Were you briefed satisfactorily about our Company by the Manager who hired you?

Yes

If referral, who were you referred by? N/A

Have you ever applied or worked at our Company before? ☐ Yes ☒ No

If yes, provide dates: \_\_\_\_\_

Are you legally authorized to work in the United States? ☒ Yes ☐ No

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)? ☐ Yes ☒ No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility

Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

**DRIVING RECORD:**

Telephone:

(Answer only if driving is a requirement of the job for which you are applying).

Do you have a valid driver's license? ☐ Yes ☐ No State:

License No: \_\_\_\_\_

Have you had any tickets? ☐ Yes ☐ No

If yes, please explain:

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

Address:

Name of Supervisor:

Date Employed: From:

To:

Pay rate:

State Job titles and Describe Job duties:

Reason for leaving:

Please explain any gaps in your employment history:

Have you ever been discharged or forced to resign? ☐ Yes ☒ No

## EMPLOYMENT HISTORY:

Please complete for all full- time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name: Internal Revenue Service

Telephone: Address: 801-620-4518

Name of Supervisor: Camille Quintana

Date Employed: From: 02/1997

To: 06/2022

Pay rate: \$60,000 per year

State Job titles and Describe Job duties: Lead Human Resources Assistant, Lead for health and life insurance benefits team

Reason for leaving:

Resigned due to personal reasons

Company Name:

Telephone:

Address:

Name of Supervisor:

Date Employed: From:

To:

Pay rate:

State Job titles and Describe Job duties:

Reason for leaving:

If yes, explain:

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Did you receive any discipline in your last 12 months of active employment with your previous employer? ☐ Yes ☒ No

If yes, please explain:

Insert text here

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Were you given a performance evaluation within the last 12 months of active employment? ☒

Yes ☐ No ☒ If yes, what was the range of scores used and what was your score?

I had a straight 5 evaluation which was listed as 'Outstanding'

Have you signed any non- competition or non-solicitation agreement with any other employer that might restrict you from working for this company (you may be required to furnish a copy of the agreement)?

☐ Yes ☒ No

If yes, please explain:

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**MILITARY** (Complete only if you served in the military.)

Branch of Service:

Number of Years /Months of Service

Rank at Discharge:

Date of Discharge:

Reason for Leaving:

Sun Pharmaceutical Industries

## LIE DETECTOR TESTS

Applicant's Signature: Eileen M. Shultz

### APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein (including but not limited to the Commercial Motor Vehicle Driver Supplement if applicable) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

I consent to and authorize this Company to contact my former employers, references, and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTES AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER. I ALSO UNDERSTAND THAT THIS ASPECT OF ME EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a preemployment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Signature: Eileen M. Shultz

Date: Sep 07, 2022

Sun Pharmaceutical Industries