DEFENDANT'S EXHIBIT
tabbies
26.8

TAP Pharmaceuticals Inc.
Deerfield, IL 60015

FOR OFFICE [redacted]

EMPLOYMENT APPLICATION

TAP Pharmaceuticals Inc.

IT IS THE POLICY OF TAP PHARMACEUTICALS INC., A DELAWARE CORPORATION, OR [illegible] PROVIDE EMPLOYMENT OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, [illegible] CITIZENSHIP, DISABILITY, VETERAN STATUS, MARITAL STATUS, SEXUAL ORIENTATION [illegible]

NAME: LAST FIRST MIDDLE
DURAND Douglas Ne[illegible]

CURRENT ADDRESS: (Starting with present, list all addressed for past five years.)
FROM/TO NO. AND STREET CITY STATE
[illegible] Present 7.0499 [illegible]

FORMER ADDRESS:
FROM/TO NO. AND STREET CITY STATE
[illegible] 11 Bluebird G. [illegible]

FORMER ADDRESS:
FROM/TO NO. AND STREET CITY STATE

TELEPHONE NUMBER:
HOME (412) 444-1094 WORK ( ) same MAY WE CONTACT YOU AT WORK? ☒ Yes ☐ No

Have you ever applied at TAP Pharmaceuticals Inc. or Takeda Chemical Industries, Ltd.? ☐ Yes ☒ No

If so, when? Location: Division:

Relatives employed by TAP or Takeda: Name: Relationship:

How were you referred to TAP? Blau, Kaptain + Schroeder - Gene Mancini

Type of position desired VP Sales

Date available 1/95 Salary expectation $140,000/yr

[illegible] ☐ Yes ☒ No
Are you willing to [illegible] ☒ Yes ☐ No
Are you at least 18 yrs. of age? ☒ Yes ☐ No
Are you willing to relocate? ☒ Yes ☐ No
(Location or shift preference, if any)

EDUCATION

SCHOOLS NAME ADDRESS	DEGREE	MAJOR/MINOR	GRADE AVERAGE	DATES ATTENDED	GRADUATION DATE
HIGH SCHOOL Pawtucker West H.S.	college	prep		9/66-6/69	6/69
UNDERGRADUATE University of Rhode Island	BS	Pharmacy	Approx 2.78	9/69-6/74	6/74
GRADUATE University of Rhode Island	—	Work Toward MBA		1977	

OTHER (HOME STUDY, BUSINESS SCHOOL, TRADE SCHOOL, ETC.)

TAP 7002474

SPECIAL SKILLS (LANGUAGES, LABORATORY APPARATUS OPERATION, SKILLED TRADE, OFFICE MACHINES, ETC.)

EXTRACURRICULAR ACTIVITIES AND HONORS
American Heart Assoc. WPA affiliate Bd of Dir, Merck PAC

LIST PUBLICATIONS (INCLUDE MASTER'S THESIS TITLE, DOCTORAL DISSERTATION) AND/OR DESCRIBE PARTICIPATION IN PROFESSIONAL ACTIVITIES (PANEL MEMBER, SPEAKER, LECTURER, ETC.)

8863F-R2

HAVE YOU EVER BEEN EMPLOYED BY TAP PHARMACEUTICALS INC OR TAKEDA CHEMICAL INDUSTRIES LTD AS A REGULAR TEMPORARY OR CONTRACT EMPLOYEE? ☐ Yes ☒ No

LIST YOUR PREVIOUS EMPLOYERS IN ORDER WITH LAST OR CURRENT EMPLOYER FIRST MAY WE CONTACT PRESENT EMPLOYER? ☐ Yes ☒ No

EMPLOYMENT HISTORY

NAME OF COMPANY AND ADDRESS OF YOUR LOCATION	FROM MO	FROM YR	TO MO	TO YR
Merck & Co Inc PO Box 4 West Point, PA 19486	7	74	Present	

NATURE OF BUSINESS	NO OF EMPLOYEES	ANNUAL SALES
Pharmaceuticals	34,000	

SUPERVISOR S NAME TITLE AND LOCATION	PHONE NO	SALARY START	SALARY PRESENT
Gerald Gallivan (Ret.) 12/1/94	Now - Vacant	125,000 + bonus	

PRESENT TITLE AND DESCRIPTION OF RESPONSIBILITIES

Sr. Region Director. Mid Atlantic RBG - Pittsburgh Region (See Resume)

REASON FOR LEAVING OR CONSIDERING CHANGE

Seek better opportunity.

NAME OF COMPANY AND ADDRESS OF YOUR LOCATION	FROM MO	FROM YR	TO MO	TO YR

NATURE OF BUSINESS	NO OF EMPLOYEES	ANNUAL SALES

SUPERVISOR S NAME TITLE AND LOCATION	PHONE NO	SALARY START	SALARY PRESENT

PRESENT TITLE AND DESCRIPTION OF RESPONSIBILITIES

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REASON FOR LEAVING

NAME OF COMPANY AND ADDRESS OF YOUR LOCATION	FROM MO	FROM YR	TO MO	TO YR

NATURE OF BUSINESS	NO OF EMPLOYEES	ANNUAL SALES

SUPERVISOR S NAME TITLE AND LOCATION	PHONE NO	SALARY START	SALARY PRESENT

PRESENT TITLE AND DESCRIPTION OF RESPONSIBILITIES

REASON FOR LEAVING

IN-HOUSE NEW HIRE INFORMATION

Birthdate: 5/22/51

Marital Status (circle one):

Single (Married) Divorced Married Date: 5/25/74

Sex: (Male) Female

Race (circle one): (Caucasian) Black Hispanic Oriental American Indian

Spouse's Name: Elizabeth A. Durand

Birthdate 2/1/52

Number of Children 2

Emergency Contact (name, day phone, night phone & relationship)

_____

_____

_____

Work schedule

start _____am stop _____pm

circle days worked
M, T, W, TH, F

NOTICE REGARDING JOB APPLICANT AND EMPLOYEE DRUG TESTING

TAP Pharmaceuticals Inc is a manufacturer of controlled drugs and health care products As a matter of policy and to help ensure a work environment free of the unlawful use of controlled drugs, TAP screens job applicants for the presence of certain drugs All job applicants are required to undergo drug testing as part of their pre-employment physical examination Applicants refusing to allow pre-employment testing for the presence of controlled drugs will not receive further consideration for employment at TAP

This policy does not apply to the use of controlled drugs within the limits of a valid prescription *Any use of prescription drugs should be discussed with the attending physician at the time of the pre-employment physical examination*

Positive test results, confirmed by an independent laboratory retest, and not followed by an adequate explanation such as a valid prescription, will result in termination of candidacy for employment at TAP Such applicants will not be reconsidered for a period of one year

Employee involvement in a serious accident and behavior or disregard of known rules which could result in a serious accident will be considered cause for drug testing Any indication of unlawful drug use or abuse of prescription drugs will be considered cause for drug testing Unexplained deterioration of performance and return to work after any leave or suspension will also be considered cause for drug testing Group testing may also be required where incidents described above occur involving one or more members of the group or in other situations determined by management to be indicative of unlawful use of controlled drugs among any or all members of the group TAP reserves the right to test employees in certain job categories where liability risks or safety of others are involved, or where required by statute or regulation TAP also reserves the right to amend its drug policy at any time without notice and to require broader drug testing of its employees in the future including, but not limited to, random and across-the-board drug testing

CONSENT AND AUTHORIZATION FOR RELEASE AND USE OF TESTING INFORMATION

I have read, understand, agree, and consent to TAP's Policy as stated above I hereby authorize any physician and/or laboratory to release to TAP Pharmaceuticals Inc , at any time, all results of the drug tests and medical examinations performed on me by said physician and laboratory I further authorize TAP Pharmaceuticals Inc , its management and agents to communicate this information internally as it deems appropriate at any time and to use that information for any purpose, including to establish the presence of controlled drugs in my system This consent is valid for the duration of my employment with TAP Pharmaceuticals Inc , if TAP hires me, from the date I sign this consent, unless I revoke it in writing A copy of this consent form shall be valid as an original

Applicant Signature	Witness Signature
Douglas N. Durand	DM LARSON
Print Name	Print Name
12/23/94	1/17/95
Date	Date
037-34-8611	
Social Security Number	

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AN EQUAL OPPORTUNITY EMPLOYER

PRIOR EMPLOYMENT HISTORY

NAME OF COMPANY AND LOCATION	DATES	SALARY	REASON FOR LEAVING

MEMBERSHIP

MEMBERSHIP IN PROFESSIONAL SOCIETIES (EXCLUDE ANY ORGANIZATIONS WHICH INDICATE RACE COLOR CREED NATIONAL ORIGIN ANCESTRY OR CITIZENSHIP OF ITS MEMBERS)

MILITARY

MILITARY SERVICE ☐ YES ☒ NO BRANCH DATES _____ TO _____

PRIMARY DUTIES

RANK OR RATE RESERVE STATUS

SPECIALIZED TRAINING / SCHOOLS / COURSES

MEDICAL

DO YOU HAVE ANY PHYSICAL OR MENTAL IMPAIRMENT WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING? ☐ YES ☒ NO

IF YES WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

WITHIN THE PAST 5 YEARS HAVE YOU BEEN CONVICTED OF A FELONY OR WITHIN 2 YEARS OF ANY MISDEMEANOR OR ARE YOU PRESENTLY FORMALLY CHARGED WITH COMMITTING A CRIMINAL OFFENSE? (DO NOT INCLUDE ANY TRAFFIC VIOLATIONS JUVENILE OFFENSES OR MILITARY CONVICTIONS EXCEPT BY GENERAL COURT MARTIAL)

☐ YES ☒ NO (ARIZONA AND CALIFORNIA APPLICANTS DO NOT ANSWER)

IF YES PROVIDE DETAIL

ARIZONA AND CALIFORNIA APPLICANTS ANSWER THE FOLLOWING QUESTION

WITHIN THE PAST 5 YEARS HAVE YOU BEEN CONVICTED OF A FELONY WHICH RESULTED IN IMPRISONMENT? ☐ YES ☐ NO (A CONVICTION ALONE WILL NOT DISQUALIFY YOU)

IF YES PROVIDE DETAIL

IN THE PAST 3 YEARS HAVE YOU KNOWINGLY USED ANY NARCOTIC AMPHETAMINE OR BARBITURATE OTHER THAN THOSE PRESCRIBED TO YOU BY A PHYSICIAN?

☐ YES ☒ NO IF YES PROVIDE DETAIL

SHOULD YOUR DUTIES REQUIRE DRIVING PLEASE ANSWER THE FOLLOWING

1) DRIVERS LICENSE # 2D 063 590

STATE PA EXP DATE 8/98

2) ANY CITATIONS, ACCIDENTS IN PAST 3 YRS? LIST BELOW

NONE

3) ANY RESTRICTIONS? LIST BELOW

NONE

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OTHER QUALIFICATIONS

PLEASE LIST OTHER QUALIFICATIONS NOT SHOWN ELSEWHERE AND STATE WHY YOU FEEL YOU ARE A GOOD CANDIDATE FOR A POSITION WITH TAP PHARMACEUTICALS

LEGAL

PLEASE READ THE FOLLOWING IF YOU HAVE ANY QUESTIONS ABOUT OUR CONDITIONS FOR EMPLOYMENT PLEASE ASK BEFORE SIGNING

I UNDERSTAND THAT THE USE OF THIS APPLICATION DOES NOT NECESSARILY INDICATE THAT THERE ARE POSITIONS OPEN AND DOES NOT IN ANY WAY OBLIGATE TAP PHARMACEUTICALS INC OR ITS SUBSIDIARIES TO EMPLOY ME

NOTHING CONTAINED IN THIS APPLICATION OR ANY CORPORATE OR PERSONNEL POLICY IS INTENDED OR SHOULD BE CONSTRUED TO CREATE ANY CONTRACTUAL OR OTHER LEGAL OBLIGATION BETWEEN TAP AND ITS EMPLOYEES, OR TO LIMIT THE RIGHT OF TAP OR ITS EMPLOYEES FROM TERMINATING THE EMPLOYMENT RELATIONSHIP, AT ANY TIME, WITHOUT RESTRICTION TAP RESERVES THE RIGHT TO AMEND OR MODIFY ITS CORPORATE AND PERSONNEL POLICIES AT ANY TIME WITHOUT NOTICE.

I UNDERSTAND THAT MY MEDICAL HISTORY AND RECORDS MAY BE SUBJECT TO REVIEW BY A LICENSED M D OF THE EMPLOYEE HEALTH DEPT TAP PHARMACEUTICALS INC AND I HEREBY AUTHORIZE RELEASE OF SUCH INFORMATION

I ALSO UNDERSTAND THAT MY HIRE AND CONTINUED EMPLOYMENT IS DEPENDENT UPON (1) COMPLETING A COMPANY PHYSICAL EXAMINATION AND SUCCESSFULLY COMPLETING A DRUG SCREENING TEST (2) ABIDING BY COMPANY RULES AND REGULATIONS (3) EXECUTION OF THE TAP EMPLOYEE AGREEMENT (IF REQUESTED) (4) VERIFICATION OF EMPLOYMENT ELIGIBILITY AND (5) RECEIPT OF ACCEPTABLE REFERENCES CREDIT AND BACKGROUND CHECKS

PURSUANT TO PROVISIONS OF THE FAIR CREDIT REPORTING ACT AND OTHER APPLICABLE LAWS I HEREBY ACKNOWLEDGE NOTIFICATION THAT AN INQUIRY MAY BE REQUESTED TO PROCURE INFORMATION RELATING TO MY CHARACTER GENERAL REPUTATION PERSONAL CHARACTERISTICS MODE OF LIVING CREDIT HISTORY CRIMINAL HISTORY AND MOTOR VEHICLE RECORD AND THAT IF SUCH REQUEST IS MADE THE NATURE AND SCOPE OF THE INQUIRY WILL BE PROVIDED TO ME UPON WRITTEN REQUEST IN CONNECTION WITH ANY INQUIRY THAT MAY BE REQUESTED I HEREBY AUTHORIZE ALL PUBLIC AND PRIVATE INDIVIDUALS COURTS AND LAW ENFORCEMENT AGENCIES CORPORATIONS ORGANIZATIONS FIRMS INSTITUTIONS AND AGENCIES WHO POSSESS INFORMATION ABOUT ME TO RELEASE TO TAP PHARMACEUTICALS INC OR ANY DESIGNATED REPRESENTATIVE THEREOF WITHOUT LIABILITY ANY AND ALL INFORMATION CONCERNING THE AFOREMENTIONED AREAS OF INQUIRY AND TO ALLOW COPIES TO BE MADE OF ANY REQUESTED WRITTEN DATA I UNDERSTAND THAT ANY INFORMATION FURNISHED IN THIS APPLICATION OR OBTAINED AS A RESULT OF ANY INQUIRY WILL NOT NECESSARILY PRECLUDE MY EMPLOYMENT BUT WILL BE USED AS PART OF AN OVERALL EVALUATION OF MY QUALIFICATIONS

AS A CONDITION OF EMPLOYMENT I WILL NEVER ILLEGALLY USE POSSESS OR DIVERT CONTROLLED DRUGS AND/OR MARIJUANA OR ANY OTHER ILLEGAL SUBSTANCE I ALSO UNDERSTAND THAT I SHALL BE SUBJECT TO IMMEDIATE DISMISSAL IF I HAVE GIVEN FALSE INFORMATION VERBALLY OR IN WRITING ON ANY COMPANY DOCUMENT OR IF I HAVE FAILED TO GIVE ANY MATERIAL INFORMATION REQUESTED I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ABOVE AND AUTHORIZE TAP PHARMACEUTICALS INC TO ACT ACCORDING TO THESE STATEMENTS

12/23/94 DATE

SIGNATURE

THANK YOU FOR YOUR INTEREST IN OUR COMPANY YOU CAN BE ASSURED THAT OUR REVIEW OF YOUR JOB QUALIFICATIONS WILL BE BASED SOLELY ON MERIT

PLEASE READ AND SIGN STATEMENT ON INSERT PAGE

TAP

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If any provision of this employment application is found to be unenforceable by any court or other forum of competent jurisdiction such finding shall not affect the enforceability of any other provision of this employment application