



We're working towards a healthier world.
It means imagining what's possible and taking action.
Be a part of it.

Join Pfizer's Refugee Talent Community!

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- United States - Wisconsin - Pleasant Prairie
- United States - Tennessee - Memphis
- North America - Any Pfizer Site
- United States - Massachusetts - Andover
- United States - Kansas - McPherson
- United States - Michigan - Kalamazoo

Posted 30+ Days Ago

Full time

4826870

About Us



A career at Pfizer offers impact.

Across the world, Pfizer impact health. We have the opportunity to create a career that offers both

1. After scanning the barcode, click "Apply"

[Apply](#)



Start Your Application

Join Pfizer's Refugee Talent Community!

Autofill with Resume

Apply Manually

Use My Last Application

2. Click "Apply Manually"

Your full LinkedIn profile will be shared. [Learn More](#)

Apply with LinkedIn



English

Search for Jobs

We're working towards a healthier world.
It means imagining what's possible and taking action.
Be a part of it.

Breakthroughs that change patients' lives

Sign In

Email Address

Password

[Sign In](#)

Don't have an account yet? [Create Account](#)

[Forgot your password?](#)

3. Click "Create Account"

Create Account

Password Requirements:

- An uppercase character
- A minimum of 8 characters
- A numeric character
- A lowercase character
- An alphabetic character
- A special character

4. Enter an existing email address you have access to

5. Use a password you will remember (write it down somewhere)

Email Address

Password

Verify New Password

[Create Account](#)

Already have an account? [Sign In](#)

[Forgot your password?](#)

My Information

My Experience

Voluntary Disclosures

Self Identify

Review

My Information

* Indicates a required field

How Did You Hear About Us? *

X Contacted by Pfizer Recruiter

Are you a previous Pfizer colleague or Contractor/Contingent Worker? If you have the following information, please enter it in the fields below. *

☐ Yes

☒ No

Country *

United States of America

6. Type in and select "Contacted by Pfizer Recruiter"

Address

Address Line 1 *

2270 Fort Dix Rd

Address Line 2

City *

Pemberton

State *

New Jersey

Postal Code *

08068

7. Use your current base's address:
2270 Fort Dix Rd
Pemberton, NJ 08068

Phone

Phone Device Type *

Mobile Phone

Country Phone Code *

X Afghanistan (+93)

Phone Number *

747775555

Phone Extension

8. If you have a phone number, select country phone code and do not include phone code in phone number.

9. If you do not have a phone number enter Fort Dix's number:
Country Phone Code: United States (+1)
Phone Number: (609) 562-6604

Save and Continue

My Experience

Resume/CV and Additional Documents

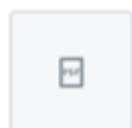
Use this section to upload all relevant documents.

Examples of documents, depending on the country or position you apply for: resume, CV, cover letter, reference letter, copies of awards or publications, copies of diplomas.

Upload a file (5MB max) *



Drop files here
or [Select files](#)



Niazi, Negeena - Resume.pdf
110.94 KB
✓ Successfully Uploaded!

10. In the “My Experience” section, you are only required to upload a resume. You may leave everything else blank.

Please select your gender. *

Female ▼

Please select the ethnicity which most accurately describes how you identify yourself. *

I decline to disclose (United States of America) ▼

Please provide your current Veteran status. *

I AM NOT A VETERAN and I have not served i... ▼

Terms and Conditions

For more information regarding how Pfizer handles the Personal Data you have provided with your application for employment, please see the [Pfizer Careers Privacy Notice](#).

Yes, I have read and consent to the terms and conditions *

☒

11. Select the option you feel most comfortable with for your gender and ethnicity.

12. Select an option you most identify with in terms of U.S. Veteran status.

13. Check the box to agree to terms and conditions.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

14. Check the box which applies to you in regards to disabilities.

Please check one of the boxes below: *

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Language *

English

Voluntary Self-Identification of Disability

Form

CC-305

OMB Control Number

1250-0005

Expires

05/31/2023

Name *

Employee ID (if applicable)

Date *

MM/DD/YYYY



15. These fields are treated as an e-signature, please type out your full name and fill in the current date



16. Review the information you entered and click "Submit" to complete the application.

Review

Back

Submit