

About Hanford

Privately owned and operated since 1846, Hanford Pharmaceuticals has been one of the most respected contract manufacturers specializing in sterile filling of injectable antibiotics in the United States.

What We're About

- Goal** • Our goal is the profitable, dependable, and efficient manufacture of the finest quality affordable medicines for the good of our customers, families, and communities, and the families and communities of others.
- Focus on People** • People are our primary focus because we recognize them as the root source of the quality and productivity gains that improve efficiency and profitability and keep our products affordable.
 - To foster individual commitment, our teams and work environments are of human scale.
 - We conduct business in a work atmosphere of mutual respect, trust, and personal interest to develop mutually beneficial outcomes.
- Relationships** • Our commitment to the formation of true friendships with our customers, vendors, and employees stems from the certain knowledge that the best ideas are the product of shared information and common goals that benefit all parties.
 - Our commitment to appreciation, inclusion, personal interest, and "win-win" solutions stems from the certain knowledge that long-term, friendship-based relationships equal success in business and in life.
- Dependable Service** • We base our service on firsthand, specific, and timely input from our customers, vendors, and employees.
 - Our commitment to listen well stems from the certain knowledge that our friends and partners in business will tell us what we need to know to do our very best and will promptly and explicitly let us know when we fall short of our goal or their expectations.
- Commitment to Quality, Efficiency, and Profitability** • Our commitment to these goals stems from our belief that the profitable production of quality, affordable medicines benefits society.
 - Our commitment to a system of regular performance reviews, on-site job specific training, and prompt implementation of solutions stems from the certain knowledge that quality, efficiency, and profitability all begin with valued, motivated individuals.

Thank you for your interest in joining the Hanford Team!

General Instructions

Please read these instructions carefully.

- To be considered an applicant to Hanford Pharmaceuticals, you must complete all parts of this application and sign the statement. Also, you must read and sign any attachments.
- Incomplete applications will not be considered. Be sure you have completed all parts of this application, and any attachments.
- If you need help filling out this application or for any phase of the employment process, please contact Human Resources, P.O. Box 1017, Syracuse, NY 13201-1017; or e-mail to Employment@Hanford.com

All qualified applicants will receive consideration without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, veteran status, or any other basis upon which discrimination is prohibited by municipal, state, or federal law.

1. Personal Information

Last Name	First Name	Middle Name	Social Security Number Last 4 Digits xxx-xx-	Phone (Home)	Phone (Work)
Current Address					Email
City				State	Zip
Is there any information we would need about your name (for example aliases) for us to be able to check your work record? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			If hired can you prove that you are eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Position Information

Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month and year:	Have you been previously employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? What position?
Do you have relatives currently employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of employee:	Position Desired:
When will you be able to start work?	Least acceptable starting wage:
What shift are you interested in? <input type="checkbox"/> First – 6 AM to 4:30 PM start times <input type="checkbox"/> Second – 10 AM to 8:30 PM start times <input type="checkbox"/> Third – 8 PM to 6:30 AM start times Production and support positions may have staggered start times and require shift flexibility	Your availability (check each appropriate box): <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Overtime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays
	Referred by: <input type="checkbox"/> Ad <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> School or College <input type="checkbox"/> Job Fair <input type="checkbox"/> Walk-in
	If referred by a person, list name:

3. Employment History

Begin with your most current or recent position. Although a resume may be attached, you must complete this section.			If you are presently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
1. Name of Employer		Location (Address, City, State, Zip)		Phone	
Date Started	Starting Wage \$ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Starting Position Title		Ending/Current Position Title	
Date Left	Ending/Current Wage \$ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Supervisor Name & Title		Reason for Leaving	
Responsibilities:					
2. Name of Employer		Location (Address, City, State, Zip)		Phone	
Date Started	Starting Wage \$ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Starting Position Title		Ending/Current Position Title	
Date Left	Ending/Current Wage \$ per: <input type="checkbox"/> hour <input type="checkbox"/> year	Supervisor Name & Title		Reason for Leaving	
Responsibilities:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, explain:					

3. Name of Employer		Location (Address, City, State, Zip)		Phone	
Date Started		Starting Wage per: <input type="checkbox"/> hour <input type="checkbox"/> year		Starting Position Title	
Date Left		Ending/Current Wage \$ per: <input type="checkbox"/> hour <input type="checkbox"/> year		Supervisor Name & Title	
Responsibilities:				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	

4. Education

	School Name & Location	Degree Earned	Course of Study
High School		<input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED	
College		<input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	
Graduate Studies		<input type="checkbox"/> None <input type="checkbox"/> Master <input type="checkbox"/> Doctoral	
Additional Training		<input type="checkbox"/> None <input type="checkbox"/> Certificate	

5. References

Give name, address & telephone of three references who are not related to you and are not previous employers.

Name	Address	Phone
1.		
2.		
3.		

6. Applicant Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I realize that any misrepresentation in the information submitted or any intentional withholding of essential information called for in this form may result in my immediate dismissal.

I understand that the filling of this application with the company is a preliminary step to employment. It does not obligate the company to offer employment, or the applicant to accept employment. An offer of employment, if made, is contingent upon receiving a negative result from a drug test, and satisfactory background and reference checks as authorized by this statement and any other attachments. I understand that if I receive a contingent offer of employment and I accept the position, I will be required to complete additional information necessary for record keeping requirements, to include having my photograph taken for the purpose of identification and the maintenance of security. Also, I agree to abide by all Company policies and procedures as outlined within the Employee Handbook and other documents.

After a contingent offer of employment, and prior to reporting to work, I understand I am required to be examined by a medical professional designated by the Company and to submit to a drug screening.

I authorize Hanford Pharmaceuticals to check all references from current and previous employers, references and others that may be relevant to my employment or my ability to perform the job for which I have applied. I authorize the Company and/or its agents to verify any of the information furnished in this application including, but not limited to, criminal record history and other background information deemed appropriate by the Company. I authorize all persons, schools, and companies and law enforcement authorities and agencies to release any information concerning my background that may be relevant to evaluation of this employment application and I hereby release any such persons, schools, companies, and law enforcement authorities and agencies from any liability for damages whatsoever for issuing this information to the Company or its agents. The company will keep all such information confidential except where such information is required to be released by law or order of a court or other authority.

I understand and hereby acknowledge that any employment relationship with the Company is at will, which means that, if I am hired, my employment with the Company is not for a fixed period of time and that I may resign at any time and the Company may terminate my employment and compensation at any time. I further agree that this at will employment relationship may not be changed by any written document or by conduct of any company employee or official. I understand that no Company employee or representative other than the Company's lead Human Resources representative has any authority to enter into any agreement for any specified period of time.

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Applicant Signature

Date

Applications may be mailed to the attention of Human Resources, P.O. Box 1017, Syracuse, NY 13201-1017;
or e-mailed to Employment@Hanford.com

EMPLOYMENT APPLICATION ADDENDUM

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

The filling of an application with Hanford Pharmaceuticals is a preliminary step to employment. It does not obligate the Company to offer employment, or the applicant to accept employment. An offer of employment, if made, is contingent on successful completion of a pre-employment drug screen and background checks and will be for employment at will and is not construed as a guarantee of continued employment. The Company reserves the right to terminate the employment of any employee at any time. Any employee also has the right to terminate his or her employment with the Company at any time.

In the processing of this employment application, Hanford Pharmaceuticals may complete an investigative report, upon authorization, which will include a criminal records history check.

Affirmation: I authorize investigation of all matters contained in this application which the Company may deem relevant to my employment and authorize my previous employers or other persons having information concerning me or my record to report such information to the Company and such persons are hereby released from all liability for issuing such information. The Company will keep all such information confidential except where such information is required to be released by law or order of a court or other authority. I understand and agree that I will be subjected to immediate dismissal if it is discovered that the information herein is untrue or that I have failed to disclose material fact. I understand that if I am employed by the Company, such employment will occur at will and no contract of employment, express or implied, is created and that no representative of the Company has any authority to enter into any agreement for employment of any specified period or time, or to make any agreement contrary to the foregoing. I understand that if I receive an offer of employment, that it is contingent on the factors above, and if I accept the offer, I will be required to complete additional information necessary for company record-keeping requirements.

Applicant

Date

PRE-EMPLOYMENT DRUG SCREENING

It is the goal of Hanford Pharmaceuticals to maintain a drug-free workplace in order to assure a safe and healthful working environment for our employees.

It is the policy of Hanford Pharmaceuticals to use a health evaluation to identify those applicants who show a confirmed presence of illegal drugs in their body. It is our policy that employment of these individuals would present a safety hazard and unhealthy environment to fellow workers and could seriously jeopardize efficient business operations.

The Company will not discriminate against applicants for employment because of past use of drugs or alcohol, and/or if the applicant successfully participated in a drug or alcohol treatment program. It is the current use of illegal drugs that the Company will not tolerate.

It is the policy of Hanford Pharmaceuticals to have those applicants receiving contingent employment offers to undergo drug-testing at a specified testing laboratory. Applicants will be requested to voluntarily submit to a drug-screening test chosen by the Company, and by signing a consent form at the time of offer, will release the Company from liability.

An applicant with a confirmed presence of illegal drugs in their body will have any and all contingent offers of employment rescinded upon confirmation of positive results.

Affirmation: I have read and fully understand the “Pre-Employment Drug Screening” application addendum. I further understand that I may withdraw my application for employment with Hanford Pharmaceuticals in the event I do not wish to have the drug screening administered. If I do not wish to have my application withdrawn, I agree to consent to pre-employment drug screening at the assigned date and time as scheduled by Hanford Pharmaceuticals if a contingent offer is extended. Furthermore, I understand that failure to comply with associated procedures may result in the rescinding of an offer of employment.

Applicant

Date