



**Cambridge Specialty**  
COMPANY, INCORPORATED

**APPLICATION FOR EMPLOYMENT**  
**Please Complete the Entire Application**

**We are an Equal Opportunity Employer**

Position Desired: \_\_\_\_\_ [ ] Full Time [ ] Part Time Date \_\_\_\_\_

Name \_\_\_\_\_  
(Print) Last First Middle

Present Address \_\_\_\_\_  
Street & Number City State Zip

Telephone No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

**RECORD OF PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service, and any period of unemployment. If self-employed, give firm name and supply business references, [Add additional page if necessary]. You may include any verified work performed on a volunteer basis.

Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone	<u>Employed</u> From (mo/yr) _____ To (mo/yr)	<u>Your Title or Position</u> _____ <u>Name and Title of</u> <u>Last Supervisor</u>	<u>Reason for Leaving</u>
Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone	<u>Employed</u> From (mo/yr) _____ To (mo/yr)	<u>Your Title or Position</u> _____ <u>Name and Title of</u> <u>Last Supervisor</u>	<u>Reason for Leaving</u>
Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone	<u>Employed</u> From (mo/yr) _____ To (mo/yr)	<u>Your Title or Position</u> _____ <u>Name and Title of</u> <u>Last Supervisor</u>	<u>Reason for Leaving</u>

Have you ever been terminated or asked to resign from any job?       Yes  No

If Yes, please explain circumstances:

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Please explain fully any gaps in your employment history:

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May we contact your current employer?       Yes  No. If no, please explain: \_\_\_\_\_

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying, including all current certifications as well as any other special technical qualifications.

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Have you ever used another name?  Yes  No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain: \_\_\_\_\_

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If hired, can you furnish proof that you are over 18 years of age?       Yes  No

Are you eligible to work in the U.S.?       Yes  No

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course Of Study or Major
High School:	9 10 11 12		
College/University:	1 2 3 4		
Graduate/Professional:	1 2 3 4		
Trade or Correspondence:			
Other:			

PERSONAL REFERENCES

Please list persons who know you well – not relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION AND THE ACCOMPANYING DOCUMENTS IS TRUE, COMPLETE AND ACCURATE.

\_\_\_\_\_  
Date/

\_\_\_\_\_  
Signature of Applicant

APPLICANT'S STATEMENT & AGREEMENT

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that if I receive an offer of employment from the Company, the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company in accordance with applicable law. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that if I receive an offer of employment from the Company, the company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any right or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of Company (or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than the President of the Company (or majority owner or owners if Company is not a corporation), has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

I further understand that that Company (or majority owner or owners if Company is not a corporation) may modify, amend or terminate any of its policies and/or benefit plans at any time, with or without prior notice. I agree to follow and be bound by the Company's policies, as they may be changed or modified from time to time.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

*If you have any questions regarding the statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.*

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE