

**THIS COMPANY SUPPORTS A DRUG FREE
WORKPLACE**

**WE TEST ALL APPLICANTS FOR
DRUGS**

**IF YOU USE DRUGS,
DO NOT APPLY FOR A JOB HERE**

For the safety of our employees and our customers, this company supports a Drug Free Workplace. We will not hire individuals that use illegal drugs or abuse prescription drugs.

APPLICANT PERMISSION TO CONDUCT DRUG AND ALCOHOL TESTS AND RELEASE

For: All Applicants, Including Safety Sensitive Employees

I hereby attest that I do not use illegal drugs or prescription drugs for which I do not have a current prescription.

I hereby give my permission for the company to conduct (a) urine based drug test(s) to determine if the presence of illegal and/or prescription drugs are detected in the urine specimen(s) that I will provide under controlled conditions. If any test is a presumed positive, I will be given the opportunity to demonstrate that the drug(s) present are due to current prescription(s). I hereby give you and your contractors, permission to contact any doctor I use to verify the legitimacy of my prescription(s). I understand that if any test is determined to be a positive by the Medical Review Officer, I will be denied employment or my employment may be terminated with the company and will have no opportunity for a retest unless mandated by state law in the state in which I am applying for a position and the retest is requested by me.

I understand that the company may conduct additional drug tests in the future if permitted by the laws and/or regulations in the state in which I work, such as in “reasonable suspicion” situations.

I also understand that if any specimen I provide indicates evidence that it was altered or that it was not my specimen provided under the controlled conditions, I may be denied employment or my employment terminated.

I understand that I can request a copy of the test results from the Company upon written notification.

I AGREE TO HOLD HARMLESS THE FOLLOWING COMPANIES, CONTRACTORS, AND INDIVIDUALS AND THEIR RESPECTIVE EMPLOYEES, VENDORS, AND CONTRACTORS: THE COMPANY TO WHICH I AM APPLYING FOR A POSITION, ITS DRUG PROGRAM MANAGER AND ANY AND ALL OTHER COMPANY PERSONNEL; FOLEY LABORATORY SERVICES, INC., THE MEDICAL REVIEW OFFICER; THE COLLECTION SITE; AND THE CLINICAL LABORATORY, FROM ANY AND ALL CLAIMS ARISING OUT OF THIS AND/OR OTHER DRUG TESTS THEY MAY CONDUCT.

Company Name: _____

Applicant Name: _____

Date: _____

Signature: _____

Cutler

Management Corp.
120 Stafford Street

Worcester, Massachusetts 01603-1457

Telephone (508) 792-1111

www.CutlerManagement.com

APPLICATION FOR EMPLOYMENT

Applicants for employment are considered without regard to race, color, religion, sex, protected sexual orientation, gender identity, transgendered status, marital status, veteran's status, national origin, ancestry, age, genetic information or disability. Also, 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.

(PLEASE PRINT)

Date of Application _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency
 Other _____

Name _____				
	LAST		FIRST	MIDDLE
Address _____				
	NUMBER	STREET	CITY	STATE ZIP
Telephone () _____ E-Mail _____				

Are you under 18? Yes No

If employed and you are under 18,
can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Do you have the legal right to work in the United States? Yes No

(According to Federal Law, work authorization documentation will be required upon employment.)

Are you available to work: Full-Time Part-Time Shift Work Temporary Overtime

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

AN EQUAL OPPORTUNITY EMPLOYER

Veteran of the U.S military service? Yes No

If Yes, which Branch _____

Please describe any special skills or training acquired while in the service _____

Indicate what foreign languages you speak, read, and/or write. (**ANSWER ONLY IF YOUR KNOWLEDGE OF A FOREIGN LANGUAGE IS RELATED TO THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING.**)

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

REFERENCES

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

Employment Experience

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis which may be verifiable. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Please list all previous employment, beginning with the most recent. Include any work performed as a volunteer which may be verifiable. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			

If you need additional space, please continue on a separate sheet of paper.

Position(s) you are applying for: _____

Wage rate desired: \$ _____ Hourly Monthly Annually

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

Education

	Elementary					High				College/University				Graduate/ Professional			
Name of School																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

Honors Received:

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.

AGREEMENT: I certify that the information on this application is true, complete and correct. I authorize Cutler Management Corp. to investigate my past employment, education and activities and to obtain my driving record from the Registry of Motor Vehicles and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. A credit report may be used as part of this employment evaluation. If you object to this procedure, you should withdraw your application at this time.

Signature of Applicant

Date

For HR Department Use Only

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No

Date of Employment _____

Job Title _____

Hourly Rate/
Salary _____ Department _____

By _____

NAME AND TITLE

DATE