



**CARLISLE & BRAY**  
E N T E R P R I S E S

50 East River Center Blvd  
Suite 1180  
Covington, KY 41011  
Phone: 859-746-2666  
Fax: 859-746-7427



**APPLICATION FOR EMPLOYMENT**

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

DATE \_\_\_\_\_

**PERSONAL INFORMATION**

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY	STATE ZIP
DRIVERS LICENSE #		STATE of LICENSE	EMAIL ADDRESS
PHONE NO: CELL: _____ HOME: _____	REFERRED BY		

**EMPLOYMENT DESIRED**

POSITION		DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?	WHEN?	
NAME AND LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS CORRESPONDENCE SCHOOL				

**GENERAL**

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
Have you ever been convicted of a felony? ____ Yes ____ No. If yes explain:	
U.S. MILITARY OR NAVAL SERVICE	RANK

**FORMER EMPLOYERS**

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	PREVIOUS EMPLOYER (NAME, ADDRESS, CONTACT, and CONTACT INFO (phone number or email))	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

**REFERENCES**

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE NUMBER/EMAIL	COMPANY	YEARS KNOWN
1.			
2.			
3.			

**AUTHORIZATION**

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

BY COMPLETING THIS FORM, I \_\_\_\_\_  
AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE AND BELOW TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

SPECIFICALLY, I AUTHORIZE Carlisle & Bray Enterprises, LLC:

- TO OBTAIN, AS PART OF THE DEPARTMENT OF TRANSPORTATION (“DOT”) QUALIFICATION PROCESS, RESULTS OF ALL DOT REQUIRED DRUG AND ALCOHOL TESTING TO WHICH I HAVE SUBMITTED DURING THE PAST TWO (2) YEARS FROM ANY OF MY EMPLOYERS OR FROM ANY SUBSTANCE ABUSE PROFESSIONALS, REHABILITATION FACILITIES AND/OR MEDICAL REVIEW OFFICERS IN POSSESSION OF SUCH INFORMATION. THESE RESULTS MAY INCLUDE:
  - ALL POSITIVE DRUG TEST RESULTS DURING THE PAST TWO (2) YEARS;
  - ALL ALCOHOL TEST RESULTS OF .04 OR GREATER DURING THE PAST TWO (2) YEARS;
  - ALL INSTANCES IN WHICH I REFUSED TO SUBMIT TO A REQUIRED DRUG AND/OR ALCOHOL TEST DURING THE PAST TWO (2) YEARS; AND
  - OTHER VIOLATIONS OF DOT AGENCY DRUG AND ALCOHOL TEST REGULATIONS.

Company Worked For DOT Past 2 Years	From (Month/Year)	To (Month/Year)

- TO INVESTIGATE AND OBTAIN RESULTS OF ANY INVESTIGATION INTO MY BACKGROUND, CHARACTER, GENERAL REPUTATION, CRIMINAL HISTORY OR ANY ALLEGATIONS OR CHARGES OF CRIMINAL CONDUCT BY ME PRIOR TO SEEKING EMPLOYMENT WITH C & B MARINE, LLC.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

ALL EMPLOYEES OF Carlisle & Bray Enterprises, LLC.. MAY BE DISCHARGED WITH OR WITHOUT CAUSE IN ACCORDANCE WITH THE LAWS OF EMPLOYMENT “AT WILL”, IN THE COMMONWEALTH OF KENTUCKY.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

