



CARLISLE & BRAY
ENTERPRISES



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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'S: 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, PLEASE EXPLAIN:	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT EMPLOYER FIRST)

DATE MONTH AND YEAR	PREVIOUS EMPLOYER (NAME, ADDRESS, CONTACT, AND CONTACT PHONE NUMBER OR EMAIL)	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERENCES

(GIVE 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.			

PLEASE READ, COMPLETE AND SIGN THE BACK PAGE (AUTHORIZATION)

EMPLOYER SECTION

REMARKS

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT TO SALARY/WAGES

INTERVIEWED BY _____ DATE _____

APPROVED 1. _____ 2. _____ 3. _____

AUTHORIZATION

BY COMPLETING AND SIGNING THIS FORM, I AUTHORIZE, UNDERSTAND AND AGREE TO THE FOLLOWING:

- I WILL BE REQUIRED TO UNDERGO A PRE-EMPLOYMENT BACKGROUND CHECK, DRUG TEST AND PHYSICAL. RANDOM DRUG TESTING IS A COMPANY POLICY, AND IF I DECLINE OR DO NOT PASS A TEST, IT IS GROUNDS FOR IMMEDIATE DISMISSAL.
- I AUHORIZE THE 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.
 - 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.

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

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.

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.

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.

SIGNATURE _____ DATE _____

**Mail To: Carlisle & Bray Enterprises, LLC
c/o Jennifer Carnes
50 E. Rivercenter Blvd.
Covington, KY 41011-1683**