

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

DEDCOMAL INFORMATION				DATE:				
PERSONAL INFORMATION NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.					
PRESENT ADDRESS CITY				STATE		ZIP		
DRIVERS LICENSE #	STATE of	STATE of LICENSE		EMAIL ADDRESS				
PHONE NO'S:					REFERRED BY			
CELL:	HOME:							
MPLOYMENT DESIRED								
POSITION		DATE YOU CAN START		SALA	SALARY DESIRED			
ARE YOU EMPLOYED? YES NO	IF SO, MAY W OF YOUR PRE		YES NO					
EVER APPLIED TO THIS COMPANY BEFORE? YES	WHERE?	WHE	WHEN?					
NAME AND LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU SUBJECTS STU GRADUATE		SUBJECTS STUDIED			
GRAMMAR SCHOOL								
HIGH SCHOOL								
COLLEGE								
TRADE, BUSINESS								
CORRESPONDENCE SCHOOL								
GENERAL					I			
SUBJECTS OF SPECIAL STUDY/RESEA	ARCH WORK							
OR SPECIAL TRAINING/SKILLS								
HAVE YOU EVER BEEN CONVICTED	OF A FELONY?	_YESN	O. IF YES, PI	LEASE EXP	LAIN:			
U.S. MILITARY OR NAVAL SERVICE		RANK						

ORMER EMPLOYE	-	ARTING WITH THE MOST RECENT EMP	IOVER EIRST)			
DATE MONTH AND YEAR	YEAR CONTACT, AND CONTACT PHONE NUMBER		SALARY	POSITION	REASON FOR LEAVING	
ROM TO	OR EMAIL					
ROM TO						
ROM TO						
ROM TO						
FERENCES	HREE PERSONS NO	OT RELATED TO YOU, WHOM YOU HA	/F KNOWN AT II	FAST ONE YEAR)		
IAME		PHONE NUMBER/EMAIL			YEARS KNOWI	
PLEAS	E READ, CO	OMPLETE AND SIGN T		PAGE (AU	THORIZ	ATION)
MARKS		EINIPLOTER 3	ECTION			
IEATNESS		CHARAG	CTER			
PERSONALITY		ABILITY				
IIRED	FOR DEPT.	POSITIO	N	WILL REPC	ORT TO SA	ALARY/WAGES
TERVIEWED BY				D/	ATE	
PROVED 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.

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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