



**CARLISLE & BRAY**  
ENTERPRISES



***Thank you for your interest in becoming a part of the  
Carlisle & Bray Enterprises team!***

In order for us to consider you for employment, you must first complete the enclosed application and forms. Please include all current telephone numbers and contact information. Your accuracy in completing this package will assist our team in processing your application in a timely manner.

*Carlisle & Bray supports the United States Coast Guard in mandating zero tolerance of illegal drugs and alcohol. We are committed to everyone's welfare and feel this program is necessary to assure the safety and welfare of all our employees.*

Once again, thank you for your interest in Carlisle & Bray!

**Mail Completed Application to:**

**Carlisle & Bray Enterprises  
50 East RiverCenter Blvd.  
Covington, KY 41011**



12. U.S. Military Service:  YES  NO

IF YES, please list the branch, total years served, last rank attained:

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**EDUCATION** – List your educational history, including any high school, GED, college, technical schools, or work related training.

NAME OF SCHOOL	ADDRESS	YRS ATTENDED	DIPLOMA/DEGREE/CERTIFICATION

**EMPLOYMENT HISTORY** – List your past five (5) most recent employers, beginning with your current or most recent. Do not leave any lapses in times. If unemployed, state such.

1. Name of Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Address: \_\_\_\_\_  
                    No./Apt.                    STREET                    CITY                    STATE                    ZIP CODE  
Name of Supervisor: \_\_\_\_\_ Your Position Held: \_\_\_\_\_  
List Your Primary Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Thru \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

2. Name of Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Address: \_\_\_\_\_  
                    No./Apt.                    STREET                    CITY                    STATE                    ZIP CODE  
Name of Supervisor: \_\_\_\_\_ Your Position Held: \_\_\_\_\_  
List Your Primary Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Thru \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

3. Name of Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Address: \_\_\_\_\_  
                    No./Apt.                    STREET                    CITY                    STATE                    ZIP CODE  
Name of Supervisor: \_\_\_\_\_ Your Position Held: \_\_\_\_\_  
List Your Primary Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Thru \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

General Information: Please list any other special training, special studies, or special skill sets:

**REFERENCES** – List 3 people not related to you who we may contact if needed.

<u>Name</u>	<u>Telephone No.</u>	<u>Reference Type</u> (Personal or Professional)
1. _____	____ - ____ - ____	_____
2. _____	____ - ____ - ____	_____
3. _____	____ - ____ - ____	_____

**GENERAL**

I certify that all the information that I have provided is true and complete to the best of my knowledge. I understand that false statements on this application are sufficient cause for denial of employment or, if employed, reason enough for dismissal without regard to the length of my employment.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified periods of time, or to make any agreement contrary to the forgoing, unless it is specifically expressed in writing and signed by an authorized company representative.

If hired, I understand and agree that my employment is for no definite period of time and may be terminated at any time without prior notice. My employment with Carlisle & Bray Enterprises shall be “at will” and nothing herein shall institute any contract of employment between the employer and applicant. 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.

I am aware that I will be given a comprehensive physical exam which will also include a drug and alcohol screen administered by a company physician prior to my employment, and that I will also be subject to drug and alcohol random testing as required by Company Policy and/or U.S. Coast Guard regulations.

\_\_\_\_\_  
**Print Name:**

\_\_\_\_\_  
**Applicant’s Signature**

\_\_\_\_\_  
**Date**

## CONSENT TO DRUG AND ALCOHOL TESTING

I understand and agree that prior to employment and/or during the course of my employment, I may be required to submit to tests to determine alcohol or drug use and I hereby release from all liability all clinics, doctors, nurses or contractors who conduct such tests. I consent to the taking of such tests as directed by Carlisle & Bray Enterprises, LLC., and further consent that the results of any such tests may form the basis for withdrawal of any offer or for my termination if hired.

I authorize a photocopy or facsimile of this release to be considered as effective and valid as the original. All results will be proprietary and will be kept confidential and will not be provided to any other parties other than the company, our legal representatives, government agencies, or other perspective employers as required by law, court order or subpoena.

***I hereby understand and agree that if I (1) fail a chemical test for controlled substances, (2) fail a breath alcohol test, (3) refuse to participate in a company conducted pre-employment, random, reasonable cause, or post accident test, I will be denied employment as a crew member, and be subjected to suspension and revocation proceedings according to applicable United States Coast Guard regulations. I further understand and agree to hold harmless Carlisle & Bray Enterprises LLC., our employees, agents, and assigns from any action taken against my License, Certificate or Registry, or Merchant Mariner's Document as a result of my refusal or positive test results.***

Carlisle & Bray Enterprises LLC., retrieval and usage of this information will comply with applicable laws, rules, and regulations. Carlisle & Bray Enterprises LLC., is an Equal Opportunity Employer and does not discriminate based upon race, color, gender, national origin, religion, age or disability.

**((My Signature below acknowledges that I have read and understand all of the above statements))**

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## MEDICAL INFORMATION RELEASE

In connection with employment at Carlisle & Bray Enterprises, LLC (hereafter "Company"), may request a medical inquiry and/or examination for purposes of establishing and verifying the performance of essential job-related functions, with and without reasonable accommodation. I authorize and request all healthcare providers or hospitals to release said information for verification of a medical inquiry, if required, to the Company, its designated representatives, or its healthcare provider. I also understand and agree that I may be required to take a fitness for duty exam when there is a need to determine whether I am still able to perform the essential functions of the job in a safe and compliant manner.

I hereby hold harmless the Company, its officers, directors, employers, agents and assigns, for my death, any personal injury or illness resulting from, arising out of, or incurred during such test, without regard to the causes thereof or the Company's negligence, whether sole, joint, concurrent, active or passive.

I authorize a photocopy or facsimile of the Medical Information Release to be considered as effective and valid as the original. All results will be proprietary, will be kept confidential, and will not be provided to any parties other than the Company or its legal representatives, unless required to do so by court order or subpoena.

I voluntarily waive all recourse against and hereby release the requested parties from liability for complying with this Medical Information Release. The Company's retrieval and usage of this information will comply with applicable laws, rules, and regulations. The Company is an Equal Opportunity Employer and does not discriminate based upon race, color, gender, national origin, religion, age, or disability. I further understand that the above information has been explained to me, and I fully understand its contents and applications.

**((My Signature below acknowledges that I have read and understand all of the above statements))**

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **DISCLOSURE — CRIMINAL BACKGROUND//MOTOR VEHICLE CHECKS**

It is the policy of Carlisle & Bray Enterprises, LLC. ("Employer") to request and obtain criminal background checks and motor vehicle reports of job applicants, including copies of any arrest or conviction report, for employment purposes. Therefore, we intend to request such reports in connection with your employment application. Please review and sign the following authorization and release to allow us to obtain such information.

### **AUTHORIZATION AND RELEASE**

I hereby acknowledge that I have been informed that Employer intends to procure a copy of any arrest or conviction records and motor vehicle reports pertaining to me.

I hereby certify that I have given Employer, and any agents it may designate or to which it may delegate, permission to obtain a copy of any arrest or conviction record pertaining to me, any motor vehicle report pertaining to me in the files of any agency which may keep or report such records (collectively, the "Agency"). I hereby release the Agency and the Employer and each and every person or entity in any way associated or affiliated with the Agency or the Employer (including without limitation agents of Employer) in the past, present, or future, connected therewith from all liability in connection with the dissemination of such arrest and conviction data, or motor vehicle report or any injury or damage I may suffer, because of the compliance, or attempts to comply, with this authorization. Further, I agree not to file suit or initiate any claim or procedure against the Agency, the Employer, or any agents the Employer may designate or to which it may delegate, with respect to any such injury or other claim or loss. This authorization is made on behalf of myself, my estate, executor, heirs and assigns. I specifically acknowledge that the signing of this authorization and release is made knowingly and is my voluntary act and deed.

**((My Signature below acknowledges that I have read and understand all of the above statements))**

\_\_\_\_\_  
Print Your Name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

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

