



Driving the Dalton Highway from Fairbanks to Prudhoe Bay can be extremely dangerous.

Drivers are screened and promoted from within the organization after careful evaluation of driving skills over a minimum period of one year. Carlile does not make any guarantees to drivers that they will have an opportunity to drive the Haul Road.

Moving Freight in Alaska can be rewarding and offers many challenges to the most experienced of drivers. Carlile has strict driving requirements.

All Carlile drivers must:

- have current class A or B commercial driver's license with tanker, doubles, HAZMAT and air brakes (straight/box truck)
- possess minimum 2 years driving experience in mountainous terrain and snow/ice conditions
- maintain a current DOT certified medical card
- have a good driving record
- pass in depth driver road test and interview
- pass pre-employment drug screening and background check

If you believe you meet these requirements, please email your résumé to iceroadtruckers@carlile.biz or fax to 907-258-9658.

Please no calls. Calls will be referred to this site.



www.carlile.biz | 1.800.478.1853
ALASKA | HAWAII | UNITED STATES | CANADA

Carlile Transportation Services, Inc.

1800 East 1st Ave., Anchorage, AK 99501
Phone 907-276-7797 Fax 907-258-9658

**Drivers Application
for Employment**



Applicant: All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or disability, or any other reason/condition protected by law. We are an Equal Opportunity Employer.

Personal Information (Please Print)

Date ____/____/____

Name: Last First Middle Social Security Number

Address: Street City State Zip

Telephone () Alternate Telephone ()

Referred by: Our Advertisement Employment Agency Friend or Relative Walk-in Web Site

ADDRESSES FOR THE PAST THREE YEARS:

Street City State Zip

Street City State Zip

Street City State Zip

Position(s) applied for _____ Full Time Part Time

Date you are available to start work ____/____/____ Salary or wages desired \$ _____

Date of Birth ____/____/____ (Required for Drivers 391.21(b)(2)) Can you provide proof of age? YES NO

Are you legally eligible for employment in the United States? (If hired, law will require verification) YES NO

Have you worked for us before? YES NO If YES, Location and Position _____

Dates: From ____/____/____ to ____/____/____ Reason for leaving _____

Are you employed at the present time? YES NO

Are you willing to work overtime if required? YES NO

Have you ever been bonded in prior employment? YES NO

If YES, list name(s) of employer(s) _____

Are you willing to take a physical examination as required by law? YES NO

Can you perform the essential functions of the position for which you have applied, with or without reasonable accommodation? YES NO

Employment History

All driver applicants who drive in interstate commerce must provide the following information on all employers during the proceeding three (3) years. Applicants who drive a CMV (commercial motor vehicle)* in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle. Please attach a separate sheet for additional employment history information. We require the past **10 years total** for employment background checks.

**Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size Vehicle used to transport hazardous materials in a quantity requiring placarding.*

PLEASE LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT.

EMPLOYER <i>*If unemployed please indicate*</i>	Dates	Position
Name _____ Address _____ City _____ State _____ Zip _____	From: To:	
Were you subject to the FMCSR's while employed <input type="checkbox"/> Yes <input type="checkbox"/> No? Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR PART 40 <input type="checkbox"/> Yes <input type="checkbox"/> No? Phone Number () May we contact this employer?	Salary/Wage	Reason for Leaving

EMPLOYER <i>*If unemployed please indicate*</i>	Dates	Position
Name _____ Address _____ City _____ State _____ Zip _____	From: To:	
Were you subject to the FMCSR's while employed <input type="checkbox"/> Yes <input type="checkbox"/> No? Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR PART 40 <input type="checkbox"/> Yes <input type="checkbox"/> No? Phone Number ()	Salary/Wage	Reason for Leaving

EMPLOYER <i>*If unemployed please indicate*</i>	Dates	Position
Name _____ Address _____ City _____ State _____ Zip _____	From: To:	
Were you subject to the FMCSR's while employed <input type="checkbox"/> Yes <input type="checkbox"/> No? Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR PART 40 <input type="checkbox"/> Yes <input type="checkbox"/> No? Phone Number ()	Salary/Wage	Reason for Leaving

EMPLOYER <i>*If unemployed please indicate*</i>	Dates	Position
Name _____ Address _____ City _____ State _____ Zip _____	From: To:	
Were you subject to the FMCSR's while employed <input type="checkbox"/> Yes <input type="checkbox"/> No? Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR PART 40 <input type="checkbox"/> Yes <input type="checkbox"/> No? Phone Number ()	Salary/Wage	Reason for Leaving

EMPLOYER <i>*If unemployed please indicate*</i>	Dates	Position
Name _____ Address _____ City _____ State _____ Zip _____	From: To:	
Were you subject to the FMCSR's while employed <input type="checkbox"/> Yes <input type="checkbox"/> No? Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR PART 40 <input type="checkbox"/> Yes <input type="checkbox"/> No? Phone Number ()	Salary/Wage	Reason for Leaving

EMPLOYER <i>*If unemployed please indicate*</i>	Dates	Position
Name _____ Address _____ City _____ State _____ Zip _____	From: To:	
Were you subject to the FMCSR's while employed <input type="checkbox"/> Yes <input type="checkbox"/> No? Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR PART 40 <input type="checkbox"/> Yes <input type="checkbox"/> No? Phone Number ()	Salary/Wage	Reason for Leaving

EMPLOYER <i>*If unemployed please indicate*</i>	Dates	Position
Name _____ Address _____ City _____ State _____ Zip _____	From: To:	
Were you subject to the FMCSR's while employed <input type="checkbox"/> Yes <input type="checkbox"/> No? Was your job designated as a safety sensitive function in any DOT regulated mode subject to drug and alcohol testing requirements of 49 CFR PART 40 <input type="checkbox"/> Yes <input type="checkbox"/> No? Phone Number ()	Salary/Wage	Reason for Leaving

Military Service

Branch of Service	From	To	Rank & Duties	Date Discharged

Personal References

Name	Address	Years Known	Telephone Number
			()
			()
			()

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates From / To	Miles or Years of Experience
Straight Truck			
Tractor & Semi-Trailer			
Tractor & Twin Trailers			
Passenger / School Bus			

List special courses or training that you have received that pertain to the position for which you are applying:

Which safe driving awards do you hold and from whom?

Accident History

List any accident(s) that you have been involved in during the past three (3) years whether chargeable or non-chargeable while operating a personal **or** commercial vehicle. If no accident occurred during this period, write "none".

	Date Month/Year	Fatalities Yes or No	Injuries Yes or No	Type & Brief Description
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions/Forfeitures

List all traffic convictions or forfeitures, other than parking violations, for the past three years. This includes, but is not limited to, equipment violations, overweight violations and all moving violations. This section is to include both personal and commercial motor vehicles. If you have not received any convictions or forfeitures during this period, write "none". If violation is for speeding, list the speed cited for and the posted speed limit.

Location	Date Month/Year	Charge	Penalty

Drivers Licenses (List all for last three (3) years)

State	License Number	Type	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO
- C. Have you ever been disqualified for any violation(s) of the F.M.C.S.R.'s*? YES NO
- *Federal Motor Carrier Safety Regulations

If the answer to A, B, or C is YES, Please attach a statement giving details

Court Records

Have you ever been convicted of anything other than a minor traffic violation? YES NO

If YES, explain in detail including the location and date of conviction. A record will not necessarily disqualify an applicant. However, should you answer NO and our investigation discovers otherwise it will be considered falsification of the application, which may disqualify you. This section is not limited to three (3) years.

PRE-EMPLOYMENT DRUG TESTING, AND MEDICAL CONSENT FORM

I understand that as required by the Federal Motor Carrier Safety Regulations, Sections 382.301, 391.41 and Company policy, all prospective employees must submit to a controlled substances test and a medical examination/evaluation as specified in 391.41.

Employees of Carlile Transportation Services are entitled to a drug free work environment. In order to maintain this status, a drug screen and medical examination must be passed as part of our pre-employment requirements.

Our testing programs are in accordance with the Department of Transportation 49 CFR Part 40 and 391.41-391.49. These regulations include Pre-Employment/Pre-Duty, Random, Reasonable Suspicion, Return to Duty, Follow-Up, and Post Accident.

This is done through breath alcohol test and urine sample collections, which test for the following substances:

- (1) Marijuana
- (2) Cocaine
- (3) Amphetamines
- (4) PCP (Phencyclidine)
- (5) Opiates (Depressants)

An independent Medical Review Officer for the Company must report the results of the drug test, whether the test is positive or negative, to our Human Resources Department. The results will not be released to any additional parties without written authorization. The results of the medical examination/evaluation will be kept in house in a separate file.

If at anytime during employment with Carlile a positive test is received it will be grounds for disciplinary action up to and including immediate termination.

In the event a positive test is received during the prerequisite qualification stage the job offer will be terminated.

I hereby agree to submit to a drug screen urinalysis and medical examination as part of my prerequisite qualifications and during my employment, alcohol testing, according to DOT Regulations.

Print Applicant's Name

Date

Applicant's Signature

Date

Carlile Transportation Services, Inc.
Pre-Employment Authorization for Release of Information

In accordance with Department of Transportation Part 391.23, we are required to do a background investigation into each application for employment of drivers. As per part 391.23(c), we are required to complete a written record with respect to each past employer for the previous three (3) and the proceeding seven (7) years. **The investigation/inquiries may consist of personal interviews, telephone interviews, letters, fax, or any other method of obtaining information that is deemed appropriate.**

Personnel Manager: The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry regarding this applicant? **As you will note from the waiver stated below, the applicant has waived any claim of liability against your company and its agents for information submitted in response to this inquiry.** You may fax the completed form to 907-258-9658. If you have any questions please call 907-276-7797.

Name of Applicant: _____ **Social Security No.** _____

Job Applied For: _____

1. This applicant lists dates of employment with your firm from _____ to _____ is this correct? YES NO
2. What kind(s) of work did he/she do? Driver Warehouse Office Shop Dock Dispatch
 Other
3. If employed as a driver, please indicate type of equipment driven: Tractor Trailer Straight Truck
 Doubles Tankers Bus Hazardous Material Other (specify) _____
4. Number of reportable accidents _____ Number of accidents in which applicant was ticketed _____
Number of accidents in which applicant was at fault _____ please explain _____
Any job related injuries? YES NO Date(s) of accidents/injuries: _____
5. To your knowledge, was this person's operator's license suspended while in your employment? YES NO
If YES, please explain: _____
6. Are there any records that suggest that this person may not be trusted to handle company funds? YES NO
7. Did the applicant pose repeated and/or severe disciplinary problems? YES NO
8. Why did this employee leave your company? Resigned Discharged Laid off Still employed
9. Would you re-employ this person? YES NO If NO, please explain: _____

By: _____
Former Employer *Signature and Title of person supplying information* **Date**

WAIVER

I hereby authorize an accredited representative of your company to release any information relating to my activities as an employee to Carlile. This information may include, but is not limited to, achievement, performance, attendance, personal history, disciplinary information, and workers' compensation file. I direct any duly accredited representative of your company to release such information upon request from Carlile Transportation. **I release your company from any and all liability of any type as a result of providing any such information.**

Signature of Applicant

Signature of Company Witness

TO BE READ AND SIGNED BY APPLICANT

Carlile Transportation Services, Inc. is an “at will” employer. This means that employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or the employee. The employee should understand 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. Employees should understand that the materials, which they receive, do not create a contract of employment and that no word, deed, or conduct shall be construed as creating a contract between that employee and the Company. **The Company retains the absolute right to terminate any employee, at any time, with or without cause.**

I understand that the information in this application will be used and that persons will be contacted for the purposes of investigation as required by 391.23 inquiries, which I hereby authorize Carlile Transportation Services and/or agents and/or contractor’s to perform. This inquiry may include information concerning my education, employment history, workers’ compensation, driving record, character, general reputation, personal characteristics, mode of living, and personal interviews with my neighbors, friends, or associates. Upon written request, additional information as to the nature and scope of such an investigation, if one is made, will be provided. I agree to furnish such additional information and complete such examinations as may be required to complete my qualification report or Carlile’s investigation. **I further agree that this application in no way obligates Carlile to qualify me and that I am required by law to pass a DOT medical examination/evaluation and alcohol/drug test(s). If I do not pass the required qualifications, the job offer will be terminated. And if at anytime during my employment that I would fail an alcohol/drug test or medical examination/evaluation it would be grounds for immediate termination.**

I authorize my prior employers, school, consumer reporting agencies, and other persons who may be contacted or who may participate in such an investigation to respond to the inquiries made by or at the request of Carlile and their employees. I release them from all liability and damages, which may be incurred as a result of such investigation. I hereby waive any right to written or verbal notice of the disclosure of information by my prior employer(s).

I hereby further authorize the release to the Carlile agent(s) involved, any information concerning my background obtained through investigation and from the completion of this application for qualification. The applicant shall also release Carlile and its said agent(s) from all liability for any damages on account of releasing such information to the said agent.

I understand that if qualified by Carlile the terms and conditions of qualification are subject to change without notice. I also understand that if qualified by Carlile, my qualification will be for no definite period of time and that my qualification can be terminated with or without notice, at any time, at the option of either Carlile or myself.

I understand that Carlile strictly prohibits the holding of more than one commercial motor vehicle operator’s license. It is agreed and understood that should it be discovered that I possess more than one license, it will be grounds for rejection of my application or termination of my qualification.

My signature is a testament to the fact that statements made in this application are true and complete to the best of my knowledge. Should the Company employ me, any misrepresentation, false statement or omission of any fact(s) contained herein shall be considered grounds for rejection, suspension or termination.

My signature also attests that I understand this application does not constitute an employment contract of any kind and that I understand that Carlile is an “**AT-WILL**” employer and that employment can be terminated, with or without cause at any time.

Signature of Applicant

Date

Note: Applications are kept on file for a period of 1 (one) year