



Office Employment Application

(660)747-8128

801 W. Young St., Box 47, Warrensburg, MO

www.carlylevanlines.com

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job disability.

Applicant Information

Name: _____ Date: _____
Last First M.I.

Current address: _____
Number Street City State Zip Code

How long have you lived at your current address? _____ Phone number: _____

E-mail address: _____

If under the age of 18, please list age: _____ Are you a U.S. citizen? Yes No

Have you ever been previously employed by Carlyle? Yes No

Position for which you are applying: _____ Salary desired: _____

What type of employment are you seeking? Full-time Part-time Full- or Part-time

Have you ever served in the Armed Forces? Yes No If yes, How many years did you serve? _____

If yes, in which branch did you serve? _____

Are you willing to submit to a controlled substance test? Yes No

Would you need any accommodation to perform the essential functions of the job? Yes No

If yes, describe any accommodation you may need: _____

If necessary, are you willing to work nights, weekends, and holidays? Yes No Sometimes

Education/Experience

What is the highest level of education you have successfully completed? High School/GED

Some college (20 hours or more)

College Degree/Trade School Certification

Name of School or Certifying Institution: _____ Location: _____
City State

Number of years/hours completed: _____ OR Type of degree or concentration: _____

Please select the programs and office duties with which you have experience:

- | | | |
|--|---|--|
| <input type="checkbox"/> Typing WPM: _____ | <input type="checkbox"/> Fax Machines | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> 10-key | <input type="checkbox"/> Copy Machines | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Data entry | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Customer service | <input type="checkbox"/> Accounts payable/receivable |
| <input type="checkbox"/> Microsoft Access | <input type="checkbox"/> Claims adjudication | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Dispatch/load planning | <input type="checkbox"/> Oracle |
| <input type="checkbox"/> Publishing software | <input type="checkbox"/> Insurance | <input type="checkbox"/> Oracle Java |
| <input type="checkbox"/> Accounting software | <input type="checkbox"/> Sales | <input type="checkbox"/> Oracle Application Server |
| <input type="checkbox"/> Windows XP/7/Others | <input type="checkbox"/> General Management | <input type="checkbox"/> Logs/DOT regulation |
| <input type="checkbox"/> Great Plains Software | <input type="checkbox"/> Tax Management | <input type="checkbox"/> Other |

References

Please list three references who we may contact and have experienced your work performance:

Name: _____ Company: _____ Position: _____ Phone number: _____

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Work History

Employer			Date	
Name			From (Mo./Yr.)	To (Mo./Yr.)
Address			Position Held	
City	State	ZIP	Salary/Wage	
Contact Person:		Phone #	Reason for Leaving	

Employer			Date	
Name			From (Mo./Yr.)	To (Mo./Yr.)
Address			Position Held	
City	State	ZIP	Salary/Wage	
Contact Person:		Phone #	Reason for Leaving	

Employer			Date	
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Employer			Date	
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Address			Position Held	
City	State	ZIP	Salary/Wage	
Contact Person:		Phone #	Reason for Leaving	

Additional Information

Please use the space below to summarize and explain any qualifications, experience, or pertinent information you feel we may have missed on this application, or for which you would like to provide more information.

I, _____, certify that this application was completed by me, and that all entries on it
Print your name here

and information in it are true and complete to the best of my knowledge. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

SIGNATURE: _____

DATE: _____