



Consolidated Electrical Distributors, Inc.

An Equal Opportunity Employer

1920 Westridge Drive, Irving, TX 75038

Employment Application

PC/Location Number: _____

Personal Information - Section 1

Name (First, Middle, Last)	Telephone No.: _____ Alternate No.: _____	Position applying for
E-Mail address	Upon offer of employment, can you verify your legal right to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Can you perform the essential functions of the job with or without reasonable accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been employed by CED? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide dates of employment, position, location, supervisor's name, and reason for leaving	
Current Address _____, (city)_____, (State)_____ (zip)_____, (how long)_____		
Previous Addresses for the past 3 years must be provided		
_____, (city)_____, (State)_____ (zip)_____, (how long)_____		
_____, (city)_____, (State)_____ (zip)_____, (how long)_____		
_____, (city)_____, (State)_____ (zip)_____, (how long)_____		

Education – Section 2

Do you have a High School Diploma or General Education Diploma (GED) YES NO

In the table below provide information for all Educational Institutions you have attended including High School, Technical/Trade School, College, or University. If you need more space, use the back of this form.

Name of Institution	City, State	Major/Field of Study	GPA	Degree/Certificate Earned

Employment History – Section 3

Below provide information on all employment for the past 10 years. Any gaps in employment must be explained within the space provided in the chronological order of the employment history. Start with current or most recent employer. You may use the back of form if more space is needed

Name and Address of Employer	Supervisor's Name and Phone No.	Job Title/ Description of Responsibilities	Dates of Employment	Salary	Reason for Leaving	Were you subject to the FMCSRs while employed? (*See explanation at bottom of section)	Was your position subject to DOT drug and alcohol testing requirements of 49 CFR Part 40? (** See explanation at bottom of section)
	If a current supervisor, may we contact? ___Yes ___No ___NA					___ Yes ___ No	___ Yes ___ No
Use this space to explain any gaps between employers							
						___ Yes ___ No	___ Yes ___ No
Use this space to explain any gaps between employers							
						___ Yes ___ No	___ Yes ___ No
Use this space to explain any gaps between employers							
						___ Yes ___ No	___ Yes ___ No

*Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation, (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation, or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

** 49 CFR Part 40 applies to employees who work in safety sensitive positions that are regulated by the Department of Transportation (DOT) and subject to pre-employment, random, and reasonable suspicion drug and alcohol testing.

Driving Information – Section 4

Driver's License No. _____ State of issue _____ Expiration Date _____

Do you have a Commercial Driver's License? ___ YES ___ NO. Has your driver's license, permit, or privilege ever been suspended or revoked? ___ YES ___ NO. If yes, give details. _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ___ YES ___ NO. If yes, provide details. _____

Auto Insurance carrier _____ Limits of liability coverage: _____

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license. By my signature on this application, I certify that I do not have more than one motor vehicle license, the information for which is listed above.

Provide information for all accidents in the past 3 years. If you need more space, use the back of this form. If you have not had an accident in the past 3 years, leave this item blank.

Date of Accident	Nature of Accident (brief description)	No. of Fatalities	No. of Injuries	Hazardous Materials Spilled?	Did You Receive a Citation?	State accident occurred
				___ Yes ___ No	___ Yes ___ No	
				___ Yes ___ No	___ Yes ___ No	
				___ Yes ___ No	___ Yes ___ No	

Can you speak and read English well enough to understand highway signs and signals, respond to official questions, and make legible entries on driving reports and records? ___ YES ___ NO

Provide information for all traffic citations, convictions, and forfeitures you have received in the last 3 years. If you need more space, use the back of this form. If you have not received any citations, convictions, or forfeitures in the past 3 years, or have been found not guilty, of all charges leave this item blank

Date of citation/conviction	Violation (speeding, running a red light, DUI, etc.)	State of Violation

Drivers of Commercial Motor Vehicles –Section 5 Please complete this section if you have experience operating a vehicle to transport passengers or property when the vehicle: (1) has a GVWR of 10,000 lbs. or more, (2) is designed or used to transport more than 8 passengers (including the driver) for compensation, (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation, or (4) is of any size and is used to transport hazardous materials in a quantity requiring placarding. **Otherwise, leave this section blank.**

Do you have or can you obtain a Driver’s Road Test Certificate or equivalent? ___YES ___NO

Do you have or can you obtain a Medical Examiner’s Certificate less than two years old? ___YES ___NO

Special Skills, Qualifications, Knowledge – Section 6

List special skills and knowledge you possess that you believe to be relevant to this position including; computer skills, foreign language proficiency, volunteer experience, specialized training, professional licenses or certifications, membership in trade organizations, special product knowledge, etc.

References –Section 7 All applicants must provide at least 3 personal or professional references below. Do not list relatives.

Name	Relationship to you?	Years known	Phone number	Address Email if known

Additional Personal Information - Section 8

Have you been convicted of a felony or misdemeanor in the past 7 years? YES ___ NO ___ If yes, please explain: _____

(You are not required to disclose criminal history information on this employment application for an arrest that did not result in a conviction, or convictions that have been: pardoned, erased, dismissed, discharged, sealed, expunged, or for a marijuana conviction that is more than two years old. You are not required to disclose criminal history information on this employment application if you are applying for employment in the states of HI, IL, MA, MN, NJ, RI, or in the cities of Columbia, MO, Philadelphia, PA, Seattle, WA, San Francisco, CA, Buffalo, NY, Baltimore, MD, Washington, DC, Rochester, NY and Montgomery County, MD, or Prince George’s County, MD). Conviction is not an automatic bar to employment.

Notifications/Certification - Section 9 All Applicants must read and sign Section 9

CED is an Equal Opportunity Employer: In compliance with Federal, State, and local Equal Employment Opportunity laws. CED does not discriminate based on race, color, national origin, ancestry, sex, pregnancy, childbirth, or related medical conditions, marital status, religious creed, disability, age, sexual orientation, gender identity, veteran status, or any other characteristics protected by law. CED complies with the law regarding reasonable accommodation for disabled persons.

DRUG-FREE WORKPLACE ACT OF 1990: PRE-NOTIFICATION This is to inform you that CED policy requires all applicants to successfully complete a urine drug screen to qualify for employment, to complete any additional testing as required by the U.S. Department of Transportation, and if hired, to undergo additional testing for reasonable cause (please refer to CED's Drug-Free Workplace and Substance Abuse Testing policies).

All offers of employment are also conditioned upon the applicant being able to produce documents necessary to verify his/her legal right to work in the United States, the truthful disclosure of criminal history at the time of offer, the successful results of a background check and for certain positions, the successful completion of a credit check, MVR, or medical exam.

For DOT Regulated Positions

I understand that information I provide regarding current and/or previous employers will be used to contact them for the purpose of investigating my safety performance history and prior drug tests as required by 49CFR391.23(d) and (e). I understand I have the right to: 1. Review information provided by previous employers; 2. Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employers; and 3. Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

CERTIFICATION: "I certify the information contained in this application is true, correct and complete and understand that any misrepresentation, falsification, or material omission of this information or any information I may later be asked to provide regarding criminal history may result in my failure to receive an offer, revocation of any offer of employment, or if I am hired, my immediate dismissal. In consideration of my employment, I agree to conform to the policies, regulations and Standard Practice Instructions (SPI) of the Company and other policies that may be issued from time to time. I understand that nothing contained in the Employment Application or the interview is intended to create an employment contract between the Company and myself for either employment or for providing any benefit. I understand and agree that if I am offered a job and I accept, my employment is at will, to the extent allowed by law, and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no Company representative, other than the President, 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 and further understand that any such agreement must be in writing. I understand that the foregoing represents and expresses the Company's complete and integrated agreement with respect to the at-will nature of the employment relationship."

Applicant Signature: _____ Date: _____ . Note: **This application will remain active for 6 months. Applicants who wish to apply for a position after 6 months should reapply.**