



CONSOLIDATED ELECTRICAL DISTRIBUTORS, INC.

An Equal Opportunity Employer

DELIVERY DRIVER EMPLOYMENT APPLICATION

PC. NO.	LOCATION
DATE OF APPLICATION	

FULL NAME (Last, first, middle) PLEASE PRINT	SOCIAL SECURITY NO.	POSITION APPLYING FOR	DATE AVAILABLE
CURRENT ADDRESS	CITY, STATE, ZIP CODE	COUNTY	PHONE NO. (During Day)
PREVIOUS ADDRESS	CITY, STATE, ZIP CODE	COUNTY	HOME PHONE NO.
Can you, after employment, submit verification of your legal right to work in the U. S. on a fulltime basis? <input type="checkbox"/> YES <input type="checkbox"/> NO	Were you previously employed by CED? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, when? _____ Where? _____		
Have you been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO Within the last 5 years, have you been convicted of a misdemeanor (you do not need to list a conviction that has been dismissed after successful completion of probation, sealed by judicial order, or a conviction for marijuana offense if that conviction is more than two years old)? <input type="checkbox"/> YES <input type="checkbox"/> NO A "conviction" is a plea, verdict or finding of guilt regardless of whether a court imposed a sentence. Conviction is not an automatic bar to employment.	If convicted of a felony or misdemeanor, please explain the offense you have been convicted of and the disposition of the case in order to determine if it has direct impact on the qualifications necessary to perform the position for which you are applying.		
	Can you perform the essential job functions of the position for which you are applying with or without reasonable accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you over age 21? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION I have a High School or General Education Diploma (GED). YES NO

LIST: HIGH SCHOOL COLLEGES UNIVERSITIES CORRESPONDENCE AND OTHER SCHOOLS	LOCATION (Include Address)	MAJOR SUBJECT	NUMBER OF YEARS	DEGREE RECEIVED OR CREDIT HOURS	GRADE POINT AVERAGE	ACADEMIC STANDING IF KNOWN
					INDICATE MAX POINTS POSSIBLE	

WORK EXPERIENCE FOR DRIVERS OF DELIVERY VEHICLES OR OTHER COMMERCIAL VEHICLES List your last or current employer first. Please list all of your jobs for the last 10 years. Account for any lapses in time.

COMPLETE NAME & ADDRESS TYPE OF BUSINESS OF EMPLOYER	SUPERVISOR'S NAME AND TITLE PHONE NUMBER	YOUR TITLE AND DESCRIPTION OF RESPONSIBILITIES	DATES EMPLOYED				ANNUAL SALARY		REASON FOR LEAVING
			FROM		TO		START	FINISH	
			MO.	YR.	MO.	YR.			
Did you drive a vehicle requiring a CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to the FMCRs**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 the drug and alcohol testing requirements of 49CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO									
Did you drive a vehicle requiring a CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to the FMCRs**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 the drug and alcohol testing requirements of 49CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO									
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****FMCRs**

ADDITIONAL QUALIFICATIONS

A driver is subject to the Federal Motor Carrier Regulations if he/she drives a vehicle with a gross vehicle weight rating of over 10,000 lbs and crosses state lines, or a vehicle or combination of vehicles, which require a commercial driver's license.	Describe any professional organizations, skills and abilities, including proficiency in foreign languages, related to the job for which you are applying.
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VEHICLE AND DRIVER'S LICENSE INFORMATION

NAME	
PC NO.	PC LOCATION

DRIVER'S LICENSE	LICENSE NO.	STATE	EXPIRATION DATE	BIRTHDATE AS SHOWN ON DRIVER'S LICENSE
	DESCRIBE TYPES OF VEHICLES YOU ARE LICENSED TO OPERATE		DESCRIBE CURRENT LICENSE RESTRICTIONS:	
	HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:	
	HAS YOUR LICENSE, PERMIT OR PRIVILEGE EVER BEEN REVOKED OR SUSPENDED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:	

VEHICLE ACCIDENTS	DATE	LOCATION	DESCRIPTION	CITATIONS RECEIVED?

List All Accidents During Past Three Years

TRAFFIC VIOLATIONS	DATE	LOCATION	DESCRIPTION

List All Citations Received During Past Three Years

INSURANCE	YOUR CARRIER	AMOUNTS OF LIABILITY COVERAGE
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AUTHORIZATION	I AUTHORIZE CED, INC. TO OBTAIN MY DRIVING RECORD FROM THE STATE DEPARTMENT OF MOTOR VEHICLES	
	SIGNATURE	DATE

**DELIVERY DRIVER OR OTHER COMMERCIAL
MOTOR VEHICLE DRIVER INFORMATION**

Can you speak and read English well enough to understand highway signs and signals, respond to official questions, and make legible entries on reports and records? YES NO 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 that is less than two years old? YES NO

EXPERIENCE AND QUALIFICATIONS - DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR-TWO TRAILERS _____				
OTHER _____				

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 49CFR392.23(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.

SIGNATURE

DATE

PROFESSIONAL AND PERSONAL REFERENCES (Do not list relatives or former employers)

NAME	ADDRESS	TITLE	PHONENO.
			()
			()
			()

EMERGENCY CONTACT	NAME	ADDRESS	PHONE
			()

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).

CED is an **EQUAL OPPORTUNITY EMPLOYER**. In compliance with Federal, State and local Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, national origin, ancestry, sex, pregnancy, childbirth or related medical conditions, marital status, religious creed, disability, age, sexual orientation, veteran status, or any other characteristics protected by law. CED complies with the law regarding reasonable accommodation for disabled persons.

CERTIFICATION:
 "I certify this application was completed by me, the information contained in this application is true, correct and complete and understand that any misrepresentation, falsification, or material omission of this information may result in my failure to receive an offer, or if I am hired, my immediate dismissal. I authorize any party contacted by CED to provide CED with any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing same to CED as well as from any use or disclosure of such information by CED and/or any of its agents, employees, or representatives. **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 my employment and compensation are at will 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."

Please refer to CED policies regarding Employment At Will and Employment Termination.

This application will remain active for six (6) months. Any applicant wishing to be considered for employment beyond this period should reapply.

All offers of employment are conditioned upon the applicant being able to produce documents necessary to verify his/her legal right to work in the United States, and the successful completion of a urine drug screen.

SIGNED

DATE

