



Consolidated Electrical Distributors, Inc.

An Equal Opportunity Employer

1920 Westridge Drive, Irving, TX 75038

ONLY FOR USE IN CALIFORNIA

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 for which you are applying, 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 this form if more space is needed.

Employer Name _____ Employer Address _____ City _____ State _____ Zip _____
Supervisor's name _____ Phone number (_____) _____ Position held _____
Start Date(MM/YY) _____ End Date(MM/YY) _____ Reason for Leaving _____
Job Duties _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? (* see explanation at bottom of section) Yes _____ No _____
Did you perform any US DOT or FMCSRS safety sensitive functions, subject to drug and alcohol testing? (**see explanation at bottom of section) Yes _____ No _____
If this is your current employer, may we contact? Yes _____ No _____
Explain any gaps in employment between this job and next one listed _____

Employer Name: _____ Employer Address _____ City _____ State _____ Zip _____
Supervisor's name: _____ Phone number (_____) _____ Position held _____
Start Date(MM/YY) _____ End Date(MM/YY) _____ Reason for Leaving _____
Job Duties _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? (* see explanation at bottom of section) Yes _____ No _____
Did you perform any US DOT or FMCSRS safety sensitive functions, subject to drug and alcohol testing? (**see explanation at bottom of section) Yes _____ No _____
Explain any gaps in employment between this job and next one listed _____

Employer Name: _____ Employer Address _____ City _____ State _____ Zip _____
Supervisor's name: _____ Phone number (_____) _____ Position held _____
Start Date(MM/YY) _____ End Date(MM/YY) _____ Reason for Leaving _____
Job Duties _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? (* see explanation at bottom of section) Yes _____ No _____
Did you perform any US DOT or FMCSRS safety sensitive functions, subject to drug and alcohol testing? (**see explanation at bottom of section) Yes _____ No _____
Explain any gaps in employment between this job and next one listed _____

*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

Because most of our positions require at least some incidental driving, we ask that all applicants, even applicants not applying to be a Driver, provide this information.

Driver’s License No. _____ License Class _____ State of issue _____ Expiration _____
 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, you **MUST** provide details _____
 Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____ If yes, you **MUST** provide details _____

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, place a check mark in this space _____ and leave the next 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
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Provide information for all traffic citations 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 in the past 3 years, or have been found not guilty of all citations place a check mark in this space _____ and leave the next item blank.

Date of citation	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 with operating or are applying for a position that involves operating a vehicle to transport passengers or property when the vehicle: (1) has a GVWR of 10,001 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 Medical Examiner’s Certificate less than two years old? ___YES ___NO

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? ___YES___NO

If you answered yes, can you provide/obtain proof that you’ve successfully completed the DOT return to duty requirements? ___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

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 on your experience with driving the following vehicles. If none list None or N/A

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From	Date To	Approximate No. of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Other				

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	Years	Phone number	Address
------	--------------	-------	--------------	---------

	to you?	known		Email if known

Notifications/Certification – Section 8 All Applicants **must** read and sign Section 8

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. In accordance with regulatory requirements, CED’s Affirmative Action Programs will be available for inspection by employees and applicants at the appropriate Division Office during normal business hours.

Pay Transparency: CED will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by CED, or (c) consistent with CED’s legal duty to furnish information.

Drug-Free Workplace: Pre-Notification/Testing Consent: This is to inform you that CED policy requires all applicants to successfully complete a urine drug screen to qualify for employment. By your signature on this Employment Application you consent to cooperate with urinalysis testing for controlled substances, and you understand that to the extent permitted by law, a positive result will disqualify you from employment. You also acknowledge that you understand CED’s Medical Review Officer, MedReview, LLC will maintain the results of the urinalysis test and will report positive and negative results to CED. You understand your test results will not be released to other third parties without your written consent. You further understand that should you become employed by CED you must abide by CED’s drug free workplace and substance abuse testing policies and may be subjected to additional testing as required by the U.S. Department of Transportation, testing for reasonable cause, and in some cases post-accident testing.

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 successful results of a background check and for certain positions, the successful completion of a credit check, MVR, or medical exam.

For DOT Regulated Position: 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 this application was completed by me and all entries on it and information in it are true and complete to the best of my knowledge. I 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: _____