



**WORK EXPERIENCE** List your last or current employer first. Please list all of your jobs for the last 10 years. You may include volunteer work and military service. 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	MAY WE CONTACT
			FROM		TO		START	FINISH		
			MO.	YR.	MO.	YR.				
									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"/>	

**ADDITIONAL QUALIFICATIONS**

Describe any professional organizations, skills and abilities, including proficiency in foreign languages, related to the job for which you are applying.

# VEHICLE AND DRIVER'S LICENSE INFORMATION

Complete this section if you will be driving on company business, however little.

NAME	
PC NO.	PC LOCATION

<b>DRIVER'S LICENSE</b>	LICENSE NO.		STATE	EXPIRATION DATE
	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	HAS YOUR LICENSE, PERMIT OR PRIVILEGE EVER BEEN REVOKED OR SUSPENDED?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			

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