

Date \_\_\_\_\_

## UNITED SHEET METAL, INC.

### EMPLOYMENT APPLICATION

United Sheet Metal, Inc. is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, ancestry or national origin, sex, pregnancy, religion, disability, age, status as a disabled veteran or Vietnam-era veteran, marital status, sexual orientation or any other factor protected by applicable law. If needed, reasonable accommodations for the hiring process will be made.

*The entire application must be completed even if you have provided a resume.*

#### GENERAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Fax \_\_\_\_\_ Social Security Number \_\_\_\_\_

Have you filed an application of employment here before?  Yes  No

Are you over 18 years of age?  Yes  No If no, give date of birth \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Have you ever been convicted of any felonies within the past seven (7) years?  Yes  No **(A conviction will not necessarily disqualify you from employment with United Sheet Metal. You need not disclose information relating to sealed or expunged records)**

If yes, list felony conviction(s) and date(s) of conviction(s): \_\_\_\_\_

For reference checking, list all names that you have used in the past.

Position Applied for \_\_\_\_\_ Date Available \_\_\_\_\_

Are there any restrictions on the hours or day you are able to work?  Yes  No

Is so, when are you available to work? \_\_\_\_\_

Date \_\_\_\_\_

**EMPLOYMENT HISTORY**

List all work experience within the last five (5) years and all applicable experience prior to that (include U.S. Military Service and periods of unemployment). If there were periods when you were self-employed or unemployed, list name and address of person(s) (not a relative) who can verify. If additional space is required, attach an extra sheet, including the information specified below.

Company Name	Date Started	Date Left	Starting Position
Company Address	Starting Salary	Ending Salary	Last Position
Supervisor's Name and Telephone Number			Specific Duties
Reason For Leaving			
Company Name	Date Started	Date Left	Starting Position
Company Address	Starting Salary	Ending Salary	Last Position
Supervisor's Name and Telephone Number			Specific Duties
Reason For Leaving			
Company Name	Date Started	Date Left	Starting Position
Company Address	Starting Salary	Ending Salary	Last Position
Supervisor's Name and Telephone Number			Specific Duties
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Company Name	Date Started	Date Left	Starting Position
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Supervisor's Name and Telephone Number			Specific Duties
Reason For Leaving			
Company Name	Date Started	Date Left	Starting Position
Company Address	Starting Salary	Ending Salary	Last Position
Supervisor's Name and Telephone Number			Specific Duties
Reason For Leaving			
<b>Check box if you do NOT want us to contact your present employer:</b> <input type="checkbox"/> <input type="checkbox"/>			
Reasons:			

Date \_\_\_\_\_

EDUCATIONAL HISTORY					
	Name of School	Location	Circle Grade or Years of schooling completed	Type of Degree, Diploma or Certificate	If did not graduate state why
GED					
High School			9 10 11 12		
College/University			1 2 3 4		
Graduate School			5 6 7 8		

List other education or training, if any.

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List current professional licenses, registration and certificates, if any.

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PERSONAL REFERENCES (Other Than Relatives or Former Employers Listed Above)					
Name	Address	Telephone	Work Phone	Occupation	Years Known

**THIS APPLICATION FOR EMPLOYMENT IS GOOD FOR 30 DAYS ONLY.**

**CONSIDERATION FOR EMPLOYMENT AFTER 30 DAYS REQUIRES A NEW APPLICATION.**

Date \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN WHERE APPLICABLE**

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**APPLICANT'S UNDERSTANDING AND ACKNOWLEDGMENT**

The information that I have provided to United Sheet Metal, Inc. is accurate to the best of my knowledge and subject to validation by United Sheet Metal, Inc. I understand and agree that any misrepresentation or omission of fact in my application may be justification for not being hired or, if hired, termination of any employment with United Sheet Metal, Inc.

I understand that an offer of employment and my continued employment with United Sheet Metal, Inc. are contingent upon satisfactory proof of my authorization to work in the United States. I understand that nothing contained in this employment application, in the granting of an interview, or in any United Sheet Metal, Inc. policies, procedures, correspondence or handbooks that I might receive is intended to create an employment contract between myself and United Sheet Metal, Inc. for either employment or for the providing of any benefit. No promises regarding continued employment have been made to me, and I understand that no such promise or guarantee is binding upon United Sheet Metal, Inc. unless made in writing. **I understand that, if hired, my employment is terminable at-will, and that either I or my employer may terminate my employment at any time, with or without cause, for any or no reason, and that I am not being employed for any specific term.**

I authorize a thorough investigation of my educational and professional background, past employment and activities that may relate in any way to my qualifications for employment with United Sheet Metal, Inc.

I authorize schools and prior employers to provide any information they have concerning me to United Sheet Metal, Inc. and I hereby hold harmless United Sheet Metal, Inc. and all those providing information about me to United Sheet Metal, Inc. from any liability that may arise out of or result from the provision or use of such information.

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

I have read and understand the above statements.

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Applicant Signature

Date

Date \_\_\_\_\_

## TO BE COMPLETED AFTER EMPLOYMENT BEGINS

### GENERAL INFORMATION

Name \_\_\_\_\_  
Last First Middle (Full Middle Name)

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax \_\_\_\_\_

#### In Case of Emergency Notify:

Name \_\_\_\_\_

Relationship to You \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED AFTER EMPLOYMENT BEGINS  
FOR POSITIONS REQUIRING SECURITY CLEARANCE**

**GENERAL INFORMATION FOR SECURITY CLEARANCE APPLICATIONS**

Name \_\_\_\_\_  
Last First Middle (Full)

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country/State of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Drivers' License State \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Former Names/Other Names Used (including, but not limited to, maiden names and nicknames) \_\_\_\_\_

**YOU ARE REQUIRED TO UPDATE THIS FORM  
WHENEVER ANY OF THE INFORMATION  
PROVIDED CHANGES.**