



American Sheet Metal

Durham NC's Original

AN EQUAL OPPORTUNITY EMPLOYER

Application For Employment

Please Read This Statement before Filling out This Application

This Company does not discriminate in hiring or employment on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, disability or protected veteran status. Or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. This Company intends to check and hold you responsible for the accuracy of the statements you make on this application. This application will receive consideration for thirty (30) days. If you have not heard from the Company within thirty days and wish to receive further consideration for employment, it will be necessary to complete another application form.

Personal Data

Social Security Number _____

Name _____

(Last)

(First)

(Middle)

Are you 18 years or older? Yes No

Address _____

(Street)

(City)

(State)

(Zip)

Telephone Number _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, explain _____

(A "Yes" answer to this question does not necessarily preclude consideration for employment)

Do you have a valid driver's license? Yes No License No & State: _____

If employed, do you have a reliable means of transportation to get to work? Yes No

Are you authorized to work lawfully in the United States for American Sheet Metal? Yes No

Employment

Position applied for _____ Salary desired _____

Have you ever applied here before? _____ When? _____

Have you ever worked for this company before? _____ When? _____

Are you available to work any time? _____ Any day of the week? _____

If not, what times and days are you available? _____

When could you report for work? _____

Military Service

Active Duty From: _____ To: _____ Rank: _____

Branch of Service _____ Are you a member of a Reserve organization? Yes No

Duties: _____

Work History

Starting with your last or present job, list four former employers.

Employer (1)

From(mo/yr)	Company	Telephone	Starting Salary \$ _____ per
To(mo/yr)	Address City	State	Final Salary \$ _____ per
Supervisor's Name/Title/Phone		Type of Business	
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			
If this is your current employer may we contact?			
	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No	<input type="checkbox"/>

Employer (2)

From(mo/yr)	Company	Telephone	Starting Salary \$ _____ per
To(mo/yr)	Address City	State	Final Salary \$ _____ per
Supervisor's Name/Title/Phone		Type of Business	
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

Employer (3)

From(mo/yr)	Company	Telephone	Starting Salary \$ _____ per
To(mo/yr)	Address City	State	Final Salary \$ _____ per
Supervisor's Name/Title/Phone		Type of Business	
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

Employer (4)

From(mo/yr)	Company	Telephone	Starting Salary \$ _____ per
To(mo/yr)	Address City	State	Final Salary \$ _____ per
Supervisor's Name/Title/Phone		Type of Business	
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

Educational Data																					
Circle Highest Grade Completed																					
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	1	2	3	4	
Grade, Junior High, or High School												College or University					Graduate School				
Type of School		Name of School					Location					Major Subject or Course of Study					Did you Graduate?				
High School																					
College																					
College																					
Technical School																					
Other (Specify)																					

Relatives in Our Employment					
Name		Relationship	Name		Relationship

References				
List three employment references who are not relatives				
Name	Occupation	Years Known	Phone	Address

Special Skills
What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate.
List any first aid or emergency response training for which you are currently certified (give date of certification)
List any job related safety training you have had and for which you are currently certified (give date of certification)

Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to the Company my record, reason for leaving, and all other information they may have concerning me, and hereby release them and the Company from all liability for any damage whatsoever arising there from.

I authorize my neighbors, friends, or others with whom I am acquainted or who are acquainted with me to furnish the Company with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I authorize the Company to conduct any background check necessary on my past records, including but not limited to, criminal record checks in places I have lived, a check of my driving record, and a review of my credit record. I release the Company from any liability for any damage whatsoever arising from these investigations.

American Sheet Metal LLC. is a drug-free workplace and I understand I must submit to a pre-employment drug test. If I do not, my application for employment will not be considered. I also understand that if I test positive on my pre-employment drug test my application will not be considered.

I understand that in event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by the Company, I agree to abide by all present and subsequently issued rules of the Company. I further understand that Custom Sheet Metal Services, Inc. is a service-oriented company and as such may request me to work additional hours on an as needed basis.

Signature:

Date:

Recruitment Survey

This information is for recruitment purposes only. We request that you complete this survey, but your participation is voluntary. Thank you for your consideration and cooperation.

How Did You Learn About Us?

<input type="checkbox"/>	Internet/Website	<input type="checkbox"/>	Walk-In	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Radio
<input type="checkbox"/>	Job Fair	<input type="checkbox"/>	Job Board	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Employment Agency
<input type="checkbox"/>	Other:						

For Human Resource Department Use Only

Date Received:		Disposal Date:	
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