

*Sheet Metal Workers Local Union 32*  
*Apprenticeship & Training Program*

20401 NE 15<sup>th</sup>. Court  
Miami, Florida 33179

Phone: 305-651-8692 Fax: 305-651-8952  
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Contact Person: James F. Combs

**REQUIRED PAPERWORK AND QUALIFICATIONS:**

Applicant shall be 18 years of age or older

Applicant must be able to perform the physical requirements of the trade.

Birth Certificate

Valid Florida driver's license & reliable transportation

Social Security card

Two letters of recommendation, from previous employers, on their letterhead.

High school diploma or G.E.D. diploma  
(Not a requirement but add to paperwork if you have one.)

# APPLICATION

**PLEASE TYPE OR PRINT CLEARLY**

Name: \_\_\_\_\_  
                    First                                    Initial                                    Last

Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
                    Street                                    Apt. Number                                    Area Code & Home Phone

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ S.S. # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Race: Check One

White/Non-Hispanic     Black/Non-Hispanic     Hispanic     Asian     American Indian

Do you have a legal right to work in the United States?    Check One:    Yes \_\_\_\_\_    No \_\_\_\_\_

Who or how were you referred to this committee? \_\_\_\_\_

Current Drivers License Information:

License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you prepared to attend school on your own time regardless of what days or nights of the week you are requested to attend? \_\_\_\_\_

Do you realize that increases in pay are not automatic, but depend on the progress made at work and in school? \_\_\_\_\_

Are you willing, on your own time, to attend any meeting set up by this committee? \_\_\_\_\_

Do you realize it is impossible to guarantee full employment in the Sheet metal industry? \_\_\_\_\_

**Work Experience:**

List your present or most recent employment first. May we contact your present employer?

Yes \_\_\_\_\_ No \_\_\_\_\_

Company:	From: Mo.          Yr.	To: Mo.          Yr.	Full Time ____ Part Time ____ Hours/Week ____
Address	Position Title	Total Time In Position	Supervisor
City                  State          Zip	Reason For Leaving	Last Wage Rate	Supervisor's Phone
Describe Duties			

Company:	From: Mo.          Yr.	To: Mo.          Yr.	Full Time ____ Part Time ____ Hours/Week ____
Address	Position Title	Total Time In Position	Supervisor
City                  State          Zip	Reason For Leaving	Last Wage Rate	Supervisor's Phone
Describe Duties			

Company:	From: Mo.          Yr.	To: Mo.          Yr.	Full Time ____ Part Time ____ Hours/Week ____
Address	Position Title	Total Time In Position	Supervisor
City                  State          Zip	Reason For Leaving	Last Wage Rate	Supervisor's Phone
Describe Duties			

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**Education:**

Type of School	Name of School	City	State	Dates (Years) From                  To	Did You Graduate
High School					
College					
Trade School					

**References:**

Please list professional references other than friends or relatives who are familiar with your work and educational qualifications.

Name	Address	Phone	Relationship

Any prior military service: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of discharge: \_\_\_\_\_

Describe duties or experience while in the military. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any false statement made on this application will result in immediate disqualification. If my application is accepted I agree to comply with all rules and regulations as adopted by the Sheet Metal Joint Apprenticeship Committee. To the best of my knowledge all statements made by me are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_