Sheet Metal Workers Local Union 32
Apprenticeship & Training Program

20401 NE 15th. Court
Miami, Florida 33179

Phone: 305-651-8692    Fax: 305-651-8952
E-mail: smw32jac@bellsouth.net

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**
### Education:

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<tr>
<th>Type of School</th>
<th>Name of School</th>
<th>City</th>
<th>State</th>
<th>Dates (Years) From</th>
<th>To</th>
<th>Did You Graduate</th>
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<td>High School</td>
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### References:

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

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<th>Name</th>
<th>Address</th>
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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 _________________