

APPLICATION FOR MEMBERSHIP SHEET METAL WORKERS LOCAL 32

Date: _____

Name: _____ SS# _____

Address: _____
Street City State Zip

How long at this address? _____ Phone () _____

Date of birth: _____ Place of birth: _____

Single Married Divorced Number of Dependents _____

Describe any physical disability or limitations: _____

Position applying for: _____

How many years have you worked as a sheet metal worker? _____

Did you serve an apprenticeship? Yes No how long? _____

Where? _____ Federally Approved? Yes No
City State

Have you ever passed an examination given by an SMWIA Local Union? Yes No

Have you ever been certified or possessed a journeyman license? Yes No

Check all of the sheet metal qualifications or experience that you have?

- | | | |
|--|--|--|
| <input type="checkbox"/> County issued sheet metal competency card | <input type="checkbox"/> Kitchen Equipment Install | <input type="checkbox"/> Soldering |
| <input type="checkbox"/> Metal Duct Fabrication | <input type="checkbox"/> Stainless Steel Polishing | <input type="checkbox"/> Press Brake |
| <input type="checkbox"/> Coil Line | <input type="checkbox"/> Metal Siding | <input type="checkbox"/> Power Shear |
| <input type="checkbox"/> Metal Duct Install | <input type="checkbox"/> Decking | <input type="checkbox"/> CNC Punch Press |
| <input type="checkbox"/> Fiberglass Duct Fabrication | <input type="checkbox"/> Air Balancing | <input type="checkbox"/> CNC Laser |
| <input type="checkbox"/> Fiberglass Duct Machine | <input type="checkbox"/> Metal Chute Fabrication | <input type="checkbox"/> Skylights |
| <input type="checkbox"/> Fiberglass Duct Installation | <input type="checkbox"/> Metal Chute Installation | <input type="checkbox"/> Metal Roof Install |
| <input type="checkbox"/> TIG Welding | <input type="checkbox"/> Manual Drafting | <input type="checkbox"/> Fabricate Metal Roofing |
| <input type="checkbox"/> MIG Welding | <input type="checkbox"/> CAD Drafting | <input type="checkbox"/> Architectural Metal Install |
| <input type="checkbox"/> Stick Welding | <input type="checkbox"/> Print Takeoff | <input type="checkbox"/> Gutters & Downspouts |
| <input type="checkbox"/> Welding Certification | <input type="checkbox"/> Lagging Layout | <input type="checkbox"/> Flashing |
| <input type="checkbox"/> Kitchen Equipment Fab. | <input type="checkbox"/> Lagging Installation | <input type="checkbox"/> Decking |
| | <input type="checkbox"/> Bench Layout | <input type="checkbox"/> Gravel Stop |

EDUCATION

High School: _____ Graduated? Yes No

City & State: _____

College: _____ Graduated? Yes No

Trade School: _____ Graduated? Yes No

WORK HISTORY

List the last three (3) employers, the length of employment, wage rate, and type of work, or attach resume which includes this information.

Employer: _____

Address: _____

Start date: _____ End date: _____ Wage Rate: \$_____ hr.

Type of Work: _____

Employer: _____

Address: _____

Start date: _____ End date: _____ Wage Rate: \$_____ hr.

Type of Work: _____

Employer: _____

Address: _____

Start date: _____ End date: _____ Wage Rate: \$_____ hr.

Type of Work: _____

By signing this application I affirm that all statements made by me herein are true, complete and correct to the best of my knowledge and belief and are made in good faith to assist Sheet Metal Workers Local 32 in determining my proper classification or group in accordance with the referral procedure regulations and that any false statements would be cause for rejection of this application and/or the removal of name from the referral list and/or discharge from the job.

Signature

Date