### Suburban Sheet Metal Ltd Ph 817-478-0801 Fax 817-483-6571

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

1	

#### APPLICATION FOR EMPLOYMENT

applicants may be tested for illegal drugs. S/S number will be verified before any paychecks can be cut!!

PLEASE COMPLETE PAGES 1-6.			DATE		
Name					
	Last	First	Middle		Maiden
Present address					
	Number	Street	City State	Zip	
How long			<b>WILL VERIFY</b>	SOCIAL SECU	RITY NUMBER
		Soc	cial Security No.	_	
Tolophono ( )					
Telephone ()					
f under 18, please list	age	<del></del>			
			Days/hours av		
	)			Thur	
	)	<del></del>	Mon	Fri	
(Be specific)				Sat Sun	
How many hours can y	you work weekly?		Can you work	nights?	
Employment desired	□FULL-TIME ONLY	□PART-TIME C	ONLY □F	ULL- OR PART-	TIME
When available for wo	rk?				
vinori avallable for we					
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION		R OF YEARS	MAJOR &
TYPE OF SCHOOL	NAME OF SCHOOL	(Complete mailing		R OF YEARS IPLETED	MAJOR & DEGREE
	NAME OF SCHOOL				
High School	NAME OF SCHOOL	(Complete mailing			
TYPE OF SCHOOL  High School  College	NAME OF SCHOOL	(Complete mailing			
High School College	NAME OF SCHOOL	(Complete mailing			
High School  College  Bus. or Trade School	NAME OF SCHOOL	(Complete mailing			
High School	NAME OF SCHOOL	(Complete mailing			
High School  College  Bus. or Trade School	NAME OF SCHOOL	(Complete mailing			
High School  College  Bus. or Trade School  Professional School		(Complete mailing address)	COM	IPLETED	
High School  College  Bus. or Trade School  Professional School	NAME OF SCHOOL  EN CONVICTED OF A CR	(Complete mailing address)		IPLETED	

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#### APPLICATION FOR EMPLOYMENT

DO YOU HA	VE A DRIVE	R'S LICE	ENSE?	☐ Yes	□ No					
What is you	r means of tra	nsportat	ion to work	ί?						
Driver's license number State of issu Expiration date				f issue _		☐ Operator	□ Com	mercial (CDL)	□Chauffeur	
Have you had any accidents during the past three years? Have you had any moving violations during the past three						s?			any? any?	
					OFFI	CE ONLY				
Typing Personal Computer	☐ Yes ☐ No ☐ Yes ☐ No	PC Mac	_WPM		10-key	Other			□ Yes	
Please list to	wo references	other th	an relative	s or prev	ious emp	loyers.				
Name						Name	<del></del>			
Position						Position				
Company _						Company	У			
Address						Address				
Telephone	( )					Telephor	ne <u>( )</u>			
	to summarize								plete backgrour s for the specifi	

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#### APPLICATION FOR EMPLOYMENT

	MILITARY					
HAVE YOU EVER BEEN IN THE ARMED FORCES?						
Specialty Date Entered Discharge Date						
Work Please list your work experience for the past five years beginning with your most recent job held.  Experience If you were self-employed, give firm name. Attach additional sheets if necessary.						
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your last job title					
Reason for leaving (be specific)	-					
company.						
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your Last Job Title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or le company.	earned, advancements or pr	omotions while you wor	ked at this			

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#### APPLICATION FOR EMPLOYMENT

Work experience	Please list your work experience for the <b>past five years</b> beginning with your most recent job held. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b>					
Name of employ Address	/er			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip ( Phone number	Code				From	Start
T Hone Hamber					То	Final
				Your last job title		
Reason for leav	ing (be specific)					
company.	ı held, duties performed, ski	4304 0	54.1164,	au. aoson or pre	s.is iiilis you wo	
Name of employ	vor			Name of last	Employment dates	Pay or salary
Address				supervisor	Employment dates	Pay Of Salary
City, State, Zip ( Phone number	Code				From	Start
					То	Final
				Your last job title		
Reason for leav	ing (be specific)					
List the jobs you company.	ı held, duties performed, ski	lls used o	r learned,	advancements or pro	omotions while you wo	rked at this
Did you complet	your present employer? te this application yourself	□ Yes	□ No			

#### PLEASE READ CAREFULLY

#### **APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Suburban Sheet Metal Ltd (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Suburban Sheet Metal Ltd, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Suburban Sheet Metal Ltd may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	_ Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

### **Employment Questionnaire**

How many 1/8's are in one inch?	
How many inches are in ten feet?	
What two types of Prints are used for installing sheet metal?	
Which Prints would you use to locate the duct layouts?	
Which Prints will give you wall layouts?	
Name two types of fasteners or connectors used to join two ducts?	
Where would you look to find out if a fire damper is needed when a duct runs across a fire corridor?	<b>)</b>
Where is acoustical liner installed?	
Where is duct wrap installed?	