



# Employment Application

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GKD-USA considers applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

## PLEASE PRINT

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>SSN:</b>
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<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip code:</b>
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<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>
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<b>Position (s) applied for:</b>	<b>Date of Application</b>
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<b>How did you learn about us?</b>			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other _____		

Best time to contact you at home is (Please circle one): \_\_\_\_ AM / PM \_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Have you ever filed an application with us before?  YES  NO  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  YES  NO

Are you currently employed?  YES  NO

May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  YES  NO

(Proof of citizenship or immigration status will be required upon employment)

Are you currently on "lay-off" status and subject to recall?  YES  NO

Can you travel if a job requires it?  YES  NO

Date available for work \_\_\_\_ - \_\_\_\_ - \_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time  Part-Time  Temporary

Please indicate (circle which apply): 1 2 3 shift AND Mornings Afternoon Evenings

please indicate dates available \_\_\_\_\_

## EDUCATION

<b>High School:</b>		<b>Address:</b>	
<b>Year Started:</b>	<b>Year finished:</b>	<b>Did you graduate? YES / NO</b>	<b>Degree:</b>
<b>Undergraduate College/Tradeschool:</b>		<b>Address:</b>	
<b>Year Started:</b>	<b>Year finished:</b>	<b>Did you graduate? YES / NO</b>	<b>Degree:</b>
<b>Graduate/Professional:</b>		<b>Address:</b>	
<b>Year Started:</b>	<b>Year finished:</b>	<b>Did you graduate? YES / NO</b>	<b>Degree:</b>

List personalized trainings, apprenticeship, &/or extracurricular activities.

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List any job-related training received in the United States Military.

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## EMPLOYMENT HISTORY

<b>Employer</b>		<b>Address:</b>	
<b>Telephone Number:</b>	<b>Job Title:</b>	<b>From:</b>	<b>To:</b>
<b>Supervisor:</b>		<b>May we contact: YES / NO</b>	

**Responsibilities & Duties:**

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<b>Employer</b>		<b>Address:</b>	
<b>Telephone Number:</b>	<b>Job Title:</b>	<b>From:</b>	<b>To:</b>
<b>Supervisor:</b>		<b>May we contact: YES / NO</b>	

**Responsibilities & Duties:**

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<b>Employer</b>		<b>Address:</b>	
<b>Telephone Number:</b>	<b>Job Title:</b>	<b>From:</b>	<b>To:</b>
<b>Supervisor:</b>		<b>May we contact: YES / NO</b>	

**Responsibilities & Duties:**

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## CONFIDENTIAL EEO DATA FORM

To assist us in our equal opportunity program, and to help us comply with Federal and State law requirements, you are invited to provide the following information. This questionnaire is not a part of the employment process. Providing this information is voluntary and your employment opportunities will not be adversely affected by your response. This information will be kept separate and confidential and may be used in accordance with government and other legal reporting requirements.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Sex:  Female  Male

Ethnic Group (please check one):

- Hispanic or Latino: person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (if you have selected this category, do not select from the racial groups below)
- Non-Hispanic/Latino: (if this category is checked, please select from the racial groups found below)

Racial Group: If Non-Hispanic/Latino was selected above, please check one of the below race categories:

- White: person having origins in the original people of Europe, North Africa, or the Middle East.
- Black or African American: person having origins in the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: persons having origins in the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian: persons having origins in the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaskan Native: persons having origins in the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment.
- Two or More Races: person who identify with more than one of the above races.

Decline Self Identification: If you do not wish to self identify your gender, ethnicity or race please check the box below:

- I do not wish to self-identify.



## CONFIDENTIAL VETERANS' DATA FORM

To assist us in our equal opportunity program, and to help us comply with Federal and State law requirements, you are invited to provide the following information. This questionnaire is not a part of the employment process. Providing this information is voluntary and your employment opportunities will not be adversely affected by your response. This information will be kept separate and confidential and may be used in accordance with government and other legal reporting requirements. An individual with a disability and who needs an accommodate to perform his or her job should direct questions or communications to Human Resources.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Veteran Status: (Check all categories that apply)

- I am not a Veteran.
- Disabled Veteran (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Other Protected Veteran: a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. For information on which campaigns or expeditions meet this criterion, please visit [www.opm.gov/veterans/htm/vgmedal2.htm](http://www.opm.gov/veterans/htm/vgmedal2.htm) or call 301-306-6752.
- Armed Forces Service Medal Veteran: a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- Recently Separated Veteran: a veteran during the three-year period beginning on the date of such vereran's discharge or release from active duty in the U.S. Military, ground, naval or air service.

Decline Self Identification: If you do not wish to self identify your veteran status, please check the box below

- I do not wish to self identify.