

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.**

410 901 8415 | gkdmetalfabrics.com | metalfabrics@gkd-group.com

PLEASE PRINT

Last Name:	First Na	me:	Middle Na	ame:	SSN:	
Address:	I		City:	State:	<u> </u>	Zip code:
Home Phone:		Cell Phone:		Email:		
Position (s) applied	d for:		Date of A	pplication		
How did you learn - Advertisement - Inquiry	□ Rela	tive □	Employme			Friend
Best time to contact	you at home	is (Please circl	e one):	AM / PM		
If you are under 18 y can you provide req Have you ever filed a	uired proof o		e?		YES YES	□ NO □ NO
Do any of your friends or relatives, other than spouse, work here? Are you currently employed? May we contact your present employer?					YES YES YES	□ NO □ NO □ NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)					YES	□NO
Are you currently on "lay-off" status and subject to recall? Can you travel if a job requires it?				YES YES	□ NO □ NO	
Date available for we Are you available to Please indicate (circl	work:	¬ Full-Time □ F	Part-Time 🛭	□ Temporary		
Please indicate (circle which apply): 1 2 3 shift AND Mornings please indicate dates available				iorinings F		TI EVELIIIES





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EDUCATION

High School:		Address:			
Year Started: \	Year finished:	Did you graduate	? YES / NO	Degree:	
Undergraduate College/Tradeschool:		Address:			
Year Started: \	Year finished:	Did you graduate	? YES / NO	Degree:	
Graduate/Pro	ofessional:		Address:		
Year Started: \	Year finished:	Did you graduate	? YES / NO	Degree:	
				<u>I</u>	
List personaliz	zed trainings, ap	prenticeship, &	or extracurric	ular actiivities.	
List any iob-re	elated training re	ceived in the U	nited States Mi	ilitary.	
	.				

EMPLOYMENT HISTORY

Job Title:	May we d	From:	To:	
lob Title:		contact: YES / N	10	
lob Title:	Address:			
lob Title:	Address:			
 lob Title:				
lob Title:				
•		From:	То:	
pervisor:		May we contact: YES / NO		
	Address:			
Job Title:	I	From:	То:	
Supervisor:		contact: YES / N	10	
elephone Number: Job Title: Supervisor: esponsibilities & Duties:		Job Title:		





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ADDITIONAL INFORMATION

List professional, business, or civic activities and offices held:

ipecialized skil May include comput	l ls: er programs, machinery operated	, or other skills not listed above.	
ote to Applica	ants: ER THIS QUESTION UNLES		
EQUIREMENT	S OF THE JOB FOR WHICH	YOU ARE APPLYING.	
an you perforn vithout a reasou	n the essential functions of nable accommodation?		e applying, either with or
an you perform without a reason	n the essential functions of nable accommodation?	the job, for which you are	e applying, either with or Email:
an you perform without a reason REFEREN Name:	n the essential functions of nable accommodation?	the job, for which you are	
an you perform without a reason REFEREN Name:	n the essential functions of nable accommodation? CES Relationship:	the job, for which you are □ YES □ NO Phone Number:	Email:
an you perforn	n the essential functions of nable accommodation? CES Relationship: Relationship:	the job, for which you are ☐ YES ☐ NO Phone Number: Phone Number:	Email: Email: Email:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature	Date

Please email all seven (7) pages of this document to: HR@gkd-group.com

FOR PERSONNEL DEPARTMENT USE ONLY				
Arrange Interview: Remarks:				
Employed: □YES	□NO	Hiring Date:		
Job Title:		Hourly Rate/Salary:	Department:	
By:				
-		Name & Title	Date	

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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:
Positi	on Applied For:
Sex:	□ Female □ Male
<u>Ethnic</u>	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)
<u>Racia</u> l	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.
	ne Self Identification: If you do not wish to self identify your gender, ethnicity or race please check 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 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.