

# Application for Employment

Alabama Specialty Products, Inc.  
PO Box 8 / 152 Metal Samples Rd.  
Munford, AL 36268  
256-358-4202 / 256-358-4515 fax  
www.alspi.com

**An Affirmative Action / Equal Opportunity Employer**

**Your application WILL NOT BE CONSIDERED unless every line and section is answered.**

Position Applying For \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Indicate the Type of Position You Are Applying For:**

Full Time   
Part Time   
Summer or Temporary

**Indicate Your Availability for the Following:**

First Shift   
Second Shift - Monday - Thursdays   
(10 hours per day)

**You Are:**

Over 18   
Under 18 - furnish work permit

Desired salary range? \$\_\_\_\_\_/Hr. - \$\_\_\_\_\_/Hr. When would you be available to begin work? \_\_\_\_\_ Are you willing to work overtime as needed? \_\_\_\_\_

Have you ever worked for Alabama Specialty Products, Inc.? Yes  No  If yes, provide the position and dates of employment below.

Position \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Name when employed (if different) \_\_\_\_\_  
Month/Year Month/Year

Are any of your relatives (by blood or marriage) employed by Alabama Specialty Products, Inc.? Yes  No  If yes, name of relatives \_\_\_\_\_

Are you a citizen of the United States? Yes  No  If not, do you hold a current visa entitling you to work here? Yes  No  Type Visa \_\_\_\_\_

Expiration Date \_\_\_\_\_ Citizenship Country \_\_\_\_\_ Residency Country (if other than citizenship country) \_\_\_\_\_

Do you Smoke? \_\_\_\_\_ **NO SMOKE BREAKS ARE ALLOWED.**

Have you ever been convicted of a violation of the law other than a minor traffic violation? Yes  No  If yes, please explain below:

## EMPLOYMENT HISTORY – MOST RECENT

**START WITH YOUR PRESENT OR LAST JOB.** This information will be used in rating your experience. **Please provide this information even if you are including a resume.**

NAME & ADDRESS OF EMPLOYER	EMPLOYMENT DATES	POSITION	REASON FOR LEAVING
	From: _____ To: _____		
	<b>SUPERVISOR</b>	Beginning Salary	
		Ending Salary	

Describe in detail the type of work performed \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you dislike about this job? \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER	EMPLOYMENT DATES	POSITION	REASON FOR LEAVING
	From: _____ To: _____		
	<b>SUPERVISOR</b>	Beginning Salary	
		Ending Salary	

Describe in detail the type of work performed \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you dislike about this job? \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER	EMPLOYMENT DATES	POSITION	REASON FOR LEAVING
	From: _____ To: _____		
	<b>SUPERVISOR</b>	Beginning Salary	
		Ending Salary	

Describe in detail the type of work performed \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you dislike about this job? \_\_\_\_\_

**ADDITIONAL EMPLOYMENT HISTORY**  
**LIST ADDITIONAL JOBS THAT YOU HAVE HELD.**

NAME & ADDRESS OF EMPLOYER	EMPLOYMENT DATES	POSITION	REASON FOR LEAVING
	From:            To:		

Describe in detail the type of work performed \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER	EMPLOYMENT DATES	POSITION	REASON FOR LEAVING
	From:            To:		

Describe in detail the type of work performed \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER	EMPLOYMENT DATES	POSITION	REASON FOR LEAVING
	From:            To:		

Describe in detail the type of work performed \_\_\_\_\_

NAME & ADDRESS OF EMPLOYER	EMPLOYMENT DATES	POSITION	REASON FOR LEAVING
	From:            To:		

Describe in detail the type of work performed \_\_\_\_\_

## EDUCATION

### HIGH SCHOOL: NAME & LOCATION

RECEIVED DIPLOMA: Yes  No  GED   
 EMPHASIS ON: MATH  SCIENCE  ENGLISH   
 OTHER

### 2 YEAR COLLEGE, 4 YEAR COLLEGE OR UNIVERSITY

Please indicate Name, Location, Status, & Major/Minor

Course(s) of Study **Please Be Specific**

Type of Degree(s) Earned  
 (If none, number of hours or credits completed.)

GPA/Scale

### TECHNICAL OR PROFESSIONAL SCHOOL

Please indicate Name, Location, Status

Course(s) of Study **Please Be Specific**

Training Complete/ Type of Degree or Certificate Earned  
 Yes  No   
 (If No, number of hours or credits completed.)

## REFERENCES

Please list three individuals who have knowledge of your work experience or educational training. Former employers, supervisors, professors are examples.

Name	Phone Number	Work/School Relationship	Place of Employment	# Years Known

Name	Phone Number	Work/School Relationship	Place of Employment	# Years Known

Name	Phone Number	Work/School Relationship	Place of Employment	# Years Known

Please use the space below to summarize any additional information you feel is necessary to describe your full qualifications. Example: Course work, work related training, equipment or computer skills you may have.

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**-PLEASE READ CAREFULLY-**

I affirm that my answers to the foregoing questions are true and correct to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I hereby authorize the investigation of all statements made in this application and I hereby release from liability all persons, companies, or corporations supplying any information concerning me. I understand that any misrepresentation of the above information shall be sufficient grounds for disqualification or dismissal. In consideration of my employment, I agree to conform to the rules and regulations of Alabama Specialty Products, Inc. I understand that my employment and compensation may be terminated at any time, with or without cause, and with or without notice, at the option of either Alabama Specialty Products, Inc., or myself. This application does not constitute an agreement or contract for employment for any specified period of time, or for any specified salary. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing language are valid unless they are in writing and signed by the employer's CEO.

I understand that this application remains current for only six months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

Alabama Specialty Products, Inc., is a drug-free workplace. Individuals offered employment at Alabama Specialty Products, Inc., will be required to successfully complete a pre-employment drug test, and may be required to pass random drug tests during employment. Individuals who refuse to take or who fail the drug test, after being informed, will be removed from employment consideration. If applicable, a driver's license check will be made.

I understand that Alabama Specialty Products, Inc., is a smoke-free facility, and that I will not be permitted to take smoke breaks if employed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**We appreciate your interest in employment with Alabama Specialty Products, Inc.  
Thank you, and best wishes.**

## AFFIRMATIVE ACTION VOLUNTARY SURVEY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is **NOT** a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

**(Please Print)**

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*First Middle Last Area Code + Number*

Address: \_\_\_\_\_  
*Street City State Zip Code*

**Position you are applying for (please give specific title):**

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

**How did you find out about this opening?**

Advertisement  Employee \_\_\_\_\_  Relative \_\_\_\_\_  
 Walk In  Alabama Job Link  Other \_\_\_\_\_

Check one:  Male  Female

Race/Ethnic Group:  White  Black or African American  Hispanic or Latino  
 Asian  American Indian/Alaskan Native  Two or More Races  
 Native Hawaiian or Other Pacific Islander

Veteran  Yes  No

**Newly Separated Veterans**, defined as any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

**Veteran of the Vietnam-era** means a person who: (1) Served in the military, ground, naval or air service of the United States on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases; or (2) Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964, and May 7, 1975, in all other cases.

**Special disabled veteran** means: (1) A veteran 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 Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent if it has been determined that the individual has a serious employment disability; or (2) A veteran who was discharged or released from active duty because of a service-connected disability.

**Other protected veteran** is defined as a veteran who served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.