

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: _____		
	SUPERVISOR	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: _____		
	SUPERVISOR	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: _____		
	SUPERVISOR	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 <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/> EMPHASIS ON: MATH <input type="checkbox"/> SCIENCE <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER
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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
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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 <input type="checkbox"/> No <input type="checkbox"/> (If No, number of hours or credits completed.)
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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
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Name	Phone Number	Work/School Relationship	Place of Employment	# Years Known
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Name	Phone Number	Work/School Relationship	Place of Employment	# Years Known
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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.

-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.

NOTE: Alabama Specialty Products, Inc., is an AA/ Equal Opportunity Employer. If you need accommodation for any part of the application process because of a medical condition or disability, please send an email to masc@alspi.com or call John Robinson at 256-358-5203 to let us know the nature of your request.

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 & Veterans VOLUNTARY SELF ID

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: _____
First Middle Last

Phone: _____
Area Code + Number

Address: _____
Street City State Zip Code

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

1st choice: _____

2nd 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 No Yes Military Discharge Date: _____ I choose not to identify my veteran status.

A **“Disabled Veteran”** means: (1) 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 (2) A veteran who was discharged or released from active duty because of a service-connected disability

A **“recently separated veteran”** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An **“active duty wartime or campaign badge veteran”** means 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 under the laws administered by the Department of Defense.

An **“Armed forces service medal veteran”** means 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.

I am not a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

Signature: _____ Date: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities¹. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
 NO, I DON'T HAVE A DISABILITY
 I DON'T WISH TO ANSWER

Your Name: _____

Today's Date: _____

Reasonable Accommodation Notice

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.