

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

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? _____ **SMOKING ONLY ALLOWED DURING DESIGNATED EMPLOYEE BREAK TIMES and AREAS.**

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? _____

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| 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 From: To: | POSITION | REASON FOR LEAVING |
|----------------------------|--|----------|--------------------|
|----------------------------|--|----------|--------------------|

Describe in detail the type of work performed _____

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

Describe in detail the type of work performed _____

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

Describe in detail the type of work performed _____

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

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 |
|---|--|

| | | | |
|--|--|--|-----------|
| 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 <input type="checkbox"/> No <input type="checkbox"/> (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 |
|------|--------------|--------------------------|---------------------|---------------|

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|------|--------------|--------------------------|---------------------|---------------|
| 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.

-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 hr@alspi.com or call Human Resources 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.**

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
 No, I do not have a disability and have not had one in the past
 I do not want to answer

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.

For Employer Use Only

Complete below information for recordkeeping purposes.

Job Title:

Date of Hire: