

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 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
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	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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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
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Describe in detail the type of work performed _____

NAME & ADDRESS OF EMPLOYER	EMPLOYMENT DATES From: To:	POSITION	REASON FOR LEAVING
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Describe in detail the type of work performed _____

NAME & ADDRESS OF EMPLOYER	EMPLOYMENT DATES From: To:	POSITION	REASON FOR LEAVING
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Describe in detail the type of work performed _____

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

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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 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.**

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 _____

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: _____