

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? _____

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 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 <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	
<hr/>			
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

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.**

