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		State	Zip Code	County
Home Phone Other Phone #	·	E-mail Addr	ess	
Indicate the Type of Position You Are Applying For: Full Time Part Time Summer or Temporary	Indicate Your Availability First Shift Second Shift - Monday - Thu (10 hours per	rsdays 🗌	You Are Over 18 Under 18	
Desired salary range? \$/Hr \$/Hr. When would y	you be available to begin work?	Ar	re you willing to wo	rk overtime as needed?
Have you ever worked for Alabama Specialty Products, Inc.? Yes [Position From From		•		
Are any of your relatives (by blood or marriage) employed by Alaba	ama Specialty Products, Inc.? Y	es 🗌 No 🗌 If	yes, name of relativ	es
Are you a citizen of the United States? Yes No If not	, do you hold a current visa entit	ling you to work here?	Yes 🗌 No 🗌	Type Visa
Expiration Date Citizenship Country	Residen	cy Country (if other tha	n citizenship countr	y)
Do you Smoke? SMOKING ONLY	ALLOWED DURING DESIG	NATED EMPLOYEE	BREAK TIMES a	and AREAS.
Have you ever been convicted of a violation of the law other than a n	ninor traffic violation? Yes [No If yes, j	please explain below	w:

Applicant may not be denied employment because of a conviction record unless there is a direct relationship between the offense and the job or unless hiring would be an unreasonable risk.

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	
	SULERVISOR	Deginning 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			
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What did you like most about this job?			
What did you dislike about this job?			
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	From: To:		
	SUPERVISOR	Beginning Salary	
		Ending 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?			
what and 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:		
escribe in detail the type of work performed			
NAME & ADDRESS OF EMPLOYER	EMPLOYMENT DATES	POSITION	REASON FOR LEAVING
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bescribe in detail the type of work performed			
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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 of Yes No (If No, number of hours or credits com	

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.

-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 preemployment 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 <u>hr@alspi.com</u> or call <u>Human Resources at 256-358-5203</u> 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.

Date: _____

(Please Print)

Name:					Phone:	
Fir	sst	Middle	Last			Area Code + Number
Address:						
Si	treet		City	State		Zip Code
Position you	are applying j	for (please give specifi	c title):			
1 st choice:						
2 nd choice:						
How did you	find out abou	t this opening?				
Advertise	ement	Employee		Relative		
🗌 Walk In		Alabama Job Link		Other		
Check one:	Male	Female				
Race/Ethnic	Group:	☐ White ☐ Asian ☐ Native Hawaiian or	 Black or African Americ American Indian/Alaska Other Pacific Islander 		oanic or La o or More	
Veteran 🗌 N	No 🗌 Yes	Military Discl	narge Date:	I choose not to ic	lentify my	veteran status.
	compensatio administered	n (or who but for the r) A veteran of the U.S. mili ecceipt of military retired pay eterans Affairs; or (2) A vet ability	y would be entitled to co	ompensatio	on) under laws
			neans any veteran during the active duty in the U.S. mili			he date of such
	military, gro	and, naval or air servic	baign badge veteran" mean be during a war, or in a camp ninistered by the Departmen	paign or expedition for		
	ground, nava		veteran'' means a veteran v pated in a United States mil Order 12985.			
	I am not a pr	otected veteran. (I serv	ved in the military but do no	ot fall into any veteran c	ategories li	sted above.)
	Signature:			Date:		