

# 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: _____		
	<b>SUPERVISOR</b>	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: _____		
	<b>SUPERVISOR</b>	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: _____		
	<b>SUPERVISOR</b>	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  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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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.

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**-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](mailto: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):***

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

***How did you find out about this opening?***

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Employee _____   | <input type="checkbox"/> Relative _____ |
| <input type="checkbox"/> Walk In       | <input type="checkbox"/> Alabama Job Link | <input type="checkbox"/> Other _____    |

Check one:  Male  Female

- Race/Ethnic Group:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> Black or African American      | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Two or More Races  |
| <input type="checkbox"/> 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  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

No, I Don't Have A Disability, Or A History/Record Of Having A Disability

I Don't Wish 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 ASPI Employer Use Only

*Complete below information for recordkeeping purposes.*

Job Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_