



APPLICATION FOR EMPLOYMENT

Incomplete information could disqualify you from further consideration.

Atlantic Aluminum Products Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, sexual orientation or veteran status.

PERSONAL INFORMATION

PLEASE PRINT

FULL NAME	FIRST MIDDLE LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	STREET, CITY, STATE, AND ZIP	HOW LONG?	DATE OF BIRTH
PERMANENT ADDRESS	STREET, CITY, STATE, AND ZIP	HOW LONG?	CELL TELEPHONE #

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS? YES NO
IF YES, NAME OF RELATIVE: _____

HAVE YOU EVER WORKED FOR THIS COMPANY?
 YES NO IF YES, APPROXIMATE DATE: MO/YR. _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?
 YES NO IF YES, APPROXIMATE DATE: MO/YR. _____

HOW WERE YOU REFERRED?
 EMPLOYMENT OFFICE NEWSPAPER WALK-IN AAP EMPLOYEE: _____ RADIO SIGN OTHER

EMPLOYMENT DESIRED

POSITION DESIRED: _____	DATE YOU CAN START WORK: _____
RATE DESIRED: _____ HOURLY YEARLY	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME

ARE YOU CURRENTLY EMPLOYED? YES NO
IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

GENERAL INFORMATION

ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF UNDER AGE 18, CAN YOU SUPPLY A WORK PERMIT IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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UPON EMPLOYMENT, CAN YOU PROVIDE AUTHENTIC DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? YES NO

DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE AN OBJECTION TO TRAVELING AND/OR WORKING OVERTIME IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION, OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO
(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT)
IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? YES NO
IF YES, PLEASE EXPLAIN: _____

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT (INCLUDING U.S. MILITARY SERVICE) AND CONTINUE WITH PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET(S) IF NECESSARY):

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES:		
ADDRESS		TO		ENDING SALARY			
CITY, STATE, ZIP		MO.	YR.				\$
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS:						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES:		
ADDRESS		TO		ENDING SALARY			
CITY, STATE, ZIP		MO.	YR.				\$
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS:						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES:		
ADDRESS		TO		ENDING SALARY			
CITY, STATE, ZIP		MO.	YR.				\$
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS:						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES:		
ADDRESS		TO		ENDING SALARY			
CITY, STATE, ZIP		MO.	YR.				\$
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS:						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS. TRADE OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality

if you are offered a job with the company? YES NO

If Yes, please explain,

PERSONAL OR PROFESSIONAL REFERENCES (Do not include relatives)

1 NAME	OCCUPATION/TITLE
ADDRESS	PHONE #
CITY AND STATE (ZIP)	YEARS KNOWN
2 NAME	OCCUPATION/TITLE
ADDRESS	PHONE #
CITY AND STATE (ZIP)	YEARS KNOWN

PLEASE READ AND SIGN THE REVERSE SIDE OF THIS PAGE

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to an employment representative before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the Atlantic Aluminum Products, Inc. (hereinafter "Company") to afford equal employment opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, sexual orientation, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

I hereby authorize the investigation, including criminal background investigation and/or employment reference checks of all statements and information contained in this application. I hereby authorize any and all Federal, state, and local governmental or civil agencies, consumer reporting agencies, educational institutions, present or former employers and individuals who may have information on me in their records or files or by virtue of personal knowledge, to release such information as may legally be released under the Freedom of Information Act, the Fair Credit Reporting Act, and other applicable Federal and/or state laws. I release from all liability anyone supplying such information and I also release the company from all liability that might result from making an investigation.

I understand that any and all reports requested by and information released to the Company, by any agency, institution, or individual shall be made known exclusively to the Company. Further, I do hereby release, absolve, and agree to forever hold harmless the Company, its affiliates, their officers, agents, contractors, and employees, as well as any and all agencies, persons, and/or institutions who furnish information on me from any and all liability. This also applies to any and all suits, actions, or causes of actions at law, claim, demand or liability which I, my successors, assigns, heirs, executors and/or administrators have now or may ever have resulting directly, indirectly, and/or remotely from said agencies, institutions and/or individuals having furnished information.

If employed, I acknowledge that there is no specified length of employment and that no representation, whether oral or written, at any time, can constitute an agreement or contract of employment. I further agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. I acknowledge that I have read and understand the above statements, hereby grant permission to confirm the information supplied on this application by me, and that I seek employment under these conditions.

APPLICANT NAME (PLEASE PRINT) _____ DATE: _____

APPLICANT SIGNATURE _____

(302) 349-9091
1-800-601-1870



12136 Sussex Highway
Greenwood, DE 19950

I, _____, give permission to The Insurance Market and Atlantic Aluminum Products, Inc. to run a Motor Vehicle Report for insurance purposes.

Driver's License: _____
License Number State

Signature: _____ Date: _____

ATLANTIC ALUMINUM PRODUCTS VOLUNTARY SELF-IDENTIFICATION FORM

NOTE: The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

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NAME: _____ DATE OF APPLICATION: _____

POSITION APPLIED FOR: _____

ADDRESS: _____

PHONE: _____ SSN: _____

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Check One:

- _____ Male
- _____ Female

Check if ANY of the following are applicable:

- _____ Veteran
- _____ Disabled Veteran
- _____ Disabled Individual

Check ONE of the following:

- _____ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- _____ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- _____ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- _____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- _____ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- _____ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- _____ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

PLEASE RETURN THIS FORM TO THE HUMAN RESOURCE DEPARTMENT

~If you should have any questions regarding this form, please contact Human Resources~