



ASTEC a subsidiary of Astec Industries, Inc.

Dear Applicant,

**Please download and print application, complete, and
send to Human Resources Department by 3 Choices:**

FAX to: 423-827-1485

SCAN to: apps@astecinc.com

MAIL to: 4101 Jerome Avenue, Chattanooga, TN 37407

Thank you.

**Astec, Inc.
Human Resources Department**

EMPLOYMENT APPLICANT RELEASE AND CONSENT

The purpose of this release is to allow ASTEC, INC. (referred to as "Company"), Application Researchers, LLC, or their assigns to obtain pre-employment information which may include any lawful investigation of my educational background and criminal, driving, credit, and employment histories, while maintaining compliance with all governmental laws.

I am aware that I have the right to make a written request of Application Researchers, LLC, P.O. Box 11, Chattanooga, TN 37401, (423) 265-6035, to obtain additional information regarding the nature and scope of the background check.

If the Company considers the background checks unfavorable, I agree that the Company may deny me the assignment or discharge me from employment. I release the Company, its officers, agents, and employees from all liability resulting from the collection, use, or disclosure of the information obtained during the above investigation.

I certify that the information contained within the employment application is complete and true. I have read this release and consent, understand its terms, realize its significance, and sign it voluntarily.

I am willingly providing the following information necessary for the above investigation and understand that this information is being used for verification purposes only.

(PLEASE PRINT)

Applicant's Name -- First: _____ Middle: _____ Last: _____

List any other names used (nicknames, maiden/married last names): _____

Date of Birth: _____ / _____ / _____ Social Security Number: _____ - _____ - _____

Driver's License: State _____ Number _____

In chronological order, list all cities/states in which you have resided in the last five years:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Please use additional sheet if needed.

Signature of Applicant

Date

Astec, Inc. is an Equal Opportunity / Affirmative Action Employer.

We are committed to a drug-free workplace

***ALL JOB APPLICANTS AND EMPLOYEES
ARE SUBJECT TO DRUG TESTING***

**Illegal Use or Possession of Drugs or Alcohol May Lead to
Denial of Employment, Termination, and/or Loss of Workers'
Compensation Benefits!**

Dear Applicant:

Astec, Inc. is an Equal Opportunity/Affirmative Action employer and subject to certain recordkeeping and reporting requirements. The information requested below is solely to assist us in meeting these requirements. Your completion of this form is purely voluntary and will not, in any way, affect your consideration for employment. This insert will be separated from your application and will be separately maintained.

Job Applied For: _____

How were you referred to our Company?

<input type="checkbox"/> Ad	<input type="checkbox"/> Agency (Specify) _____
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Employee (Who?) _____
<input type="checkbox"/> State Employment Service	<input type="checkbox"/> Other _____

Please select the appropriate information for each category:

1) **Sex:** Male
 Female

2) **Race:** White (not Hispanic or Latino)
 Black/African American (not Hispanic or Latino)
 Hispanic or Latino
 Asian (not Hispanic or Latino)
 American Indian/Alaska Native (not Hispanic or Latino)
 Native Hawaiian/Pacific Islander (not Hispanic or Latino)
 Two or more races – Which do not include Hispanic or Latino

3) **Veteran Status:**
 Not a Veteran
 Disabled Veteran
 Other Protected Veteran
 Armed Forces Service Medal Veteran
 Recently Separated Veteran

Applicant's Name (Please Print)

Applicant's Signature

Date

Give current and past employment record completely starting with present or last employer, then each previous employer in date order. Include any civil service and reason for lapses, if any. Use additional sheet as needed.

EMPLOYMENT HISTORY	
Company Name:	Address:
Rate of Pay: \$ _____ per Hour Week Year	Dates of Employment: ____ / ____ / ____ to ____ / ____ / ____
Job Title:	Reason for Leaving:
Duties Performed:	
Company Name:	Address:
Rate of Pay: \$ _____ per Hour Week Year	Dates of Employment: ____ / ____ / ____ to ____ / ____ / ____
Job Title:	Reason for Leaving:
Duties Performed:	
Company Name:	Address:
Rate of Pay: \$ _____ per Hour Week Year	Dates of Employment: ____ / ____ / ____ to ____ / ____ / ____
Job Title:	Reason for Leaving:
Duties Performed:	

REFERENCES			
LIST BELOW THREE (3) REFERENCES (NOT RELATIVES):			
Name	Address	Phone Number	Name of Employer
(1)			
(2)			
(3)			

I certify that all the foregoing statements are true and correct to the best of my knowledge and belief.

I understand that I will be required to take a medical examination, which could include drug testing, if I receive a job offer. I also understand any job offer I receive is conditional upon outcome of the medical examination. I am willing to take a physical and other examination which could include drug testing when requested.

I authorize investigation of all statements contained in this application form. Further, I authorize all persons, schools, companies, corporations, hospitals, physicians, credit bureaus, and law enforcement agencies to supply any information concerning my personal or medical background and release them from any liability and responsibility arising from their so doing. I further understand that a routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics, and mode of living and that upon written request additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that this application and/or my employment with Astec, Inc. is not in any way an employment contract and that my employment and compensation may be terminated with or without cause at any time by either the company or myself. I further understand that any policy items that may appear in any policy manuals of the company may at the discretion of the company be withdrawn, revised, or replaced at any time. I understand that no company representative has the authority to enter into any employment agreement which is contrary to the foregoing.

I understand that this application will be treated as being current for 60 days from the date it is filed. For an application to be considered after that time, it will be necessary to fill out a new application.

Applicant Signature

Date



ASTEC, INC.

APPLICATION FOR EMPLOYMENT

The Age Discrimination in Employment Act of 1967 and subsequent amendments prohibit discrimination on the basis of age with respect to individuals who are over 40 years of age. Additionally, this employer does not discriminate on the basis of race, color, sex, religion, national origin, or physical or mental disability.

**AN EQUAL
OPPORTUNITY
EMPLOYER**

Date:			
Job Applied For:	Shift: (Circle)	Salary Desired:	
	1st 2nd 3rd	\$	

PERSONAL DATA	NOTE: ANY MISREPRESENTATION OR OMISSION OF FACTS REQUESTED IN THE APPLICATION IS CAUSE FOR DISMISSAL.				
	Last Name	First Name	Middle Initial	Social Security Number	
	Present Address	City, State	Zip Code	Telephone Number	How long at this address?
	IF AT THIS ADDRESS LESS THAN ONE YEAR, PLEASE LIST PREVIOUS ADDRESSES FOR A FIVE YEAR PERIOD.				
	Street Address	City	State	Zip Code	
	If you are offered employment at Astec, Inc., will you be able to report to work in accordance with a regular schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Are you able to perform the essential functions of the position for which you applied with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, state your age:				
	Date you can begin work:		Do you want to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where? When?					
For What? Explain:					
Do you have family or friends currently employed at Astec, Inc.? If so, please list:					
Eligibility for employment is required under the Immigration Reform and Control Act of 1986. If hired, can you provide proof of your identity and eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever worked at Astec, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When?					
EDUCATION	Name of School	Location	Circle Number of Years Attended	Degree/Diploma Awarded	Major
	Grade		1 2 3 4 5 6 7 8		
	Junior High		7 8 9		
	High School		9 10 11 12		
	College		1 2 3 4 5 6		
	Graduate		1 2 3 4		
TRAINING	Training Courses, Seminars, Correspondence Courses, Technical School, Night School, Military Training, etc.				

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.