

# Candidate Information

(PLEASE PRINT)

LAST NAME	FIRST NAME	FULL MIDDLE NAME	
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER(S)	HOME	WORK	
E-MAIL ADDRESS			
SOCIAL SECURITY NUMBER			

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.*

DATE OF APPLICATION: \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU LEARN ABOUT US?  Friend  
 Relative  
 Goodwill Employee  
 Advertisement (Where?) \_\_\_\_\_  
 Employment Agency (Which?) \_\_\_\_\_  
 Internet (Which site?) \_\_\_\_\_  
 Other \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No If yes, give date. \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in the country because of visa or immigration status?  Yes  No  
*(Proof of citizenship or immigration status will be required upon employment.)*

Are you legally authorized to work in the United States?  Yes  No

Will you now or in the future require sponsorship for employment visa status (for example, H-1B visa status)?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work?  Full Time  Part Time  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
*(Conviction will not necessarily disqualify a candidate from employment.)*

If yes, please explain. \_\_\_\_\_

# Employment Experience

**This section must be completed even when attaching a resume.**

*Start with your present or last job held. Include any job-related military service assignments and volunteer activities. You may exclude organization(s) that indicate race, color, religion, gender, national origin, disabilities or other protected status.*

*If you need additional space, please continue on a separate sheet of paper.*

<p>EMPLOYER _____</p> <p>ADDRESS _____</p> <p>TELEPHONE NUMBER(S) _____</p> <p>JOB TITLE _____</p> <p>SUPERVISOR _____</p> <p>REASON FOR LEAVING _____</p>	<table border="1"> <thead> <tr> <th colspan="2">DATE EMPLOYED</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <th colspan="2">HOURLY RATE/SALARY</th> </tr> <tr> <th>Starting</th> <th>Final</th> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	DATE EMPLOYED		From	To			HOURLY RATE/SALARY		Starting	Final			<p><b>WORK PERFORMED</b></p> <p>If resume attached, please indicate by writing "see resume" in this space.</p>
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List professional, trade, business or civic activities and offices held. (You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, or other protected status.)

\_\_\_\_\_

\_\_\_\_\_

# Education

NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DIPLOMA/DEGREE
High School		
Undergraduate College		
Graduate/Professional		
Other (Specify)		

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Summarize special job-related skills, training (including training received in the United States military), apprenticeships, extra-curricular activities, and/or professional certifications.

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Are you able to perform the essential job functions, with or without reasonable accommodation(s), of the position being sought?  Yes  No

**NOTE TO CANDIDATES:**

- If you do not understand what the essential functions are or if you have not seen a job description for the position you are seeking, please see the Human Resources Department.
- If testing is necessary, please inform tester, prior to testing, if special accommodations are necessary to complete a skills test.

# Additional Information

## SOFTWARE SKILLS

Program and Version (i.e. MS Word 97) Skill Level (Beginner, Intermediate, Advanced)


PRODUCTION/MOBILE MACHINERY (LIST): \_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_

\_\_\_\_\_

# References

AT LEAST TWO OF THREE REFERENCES MUST BE PROFESSIONAL REFERENCES.

1.	_____	_____	_____	_____
	NAME	RELATIONSHIP	PHONE NUMBER	ADDRESS
2.	_____	_____	_____	_____
	NAME	RELATIONSHIP	PHONE NUMBER	ADDRESS
3.	_____	_____	_____	_____
	NAME	RELATIONSHIP	PHONE NUMBER	ADDRESS

# Candidate's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, as may be necessary in arriving at an employment decision. This includes checking any and all references deemed necessary.

I authorize any person, school, current employer (except as previously noted), past employer(s) and organizations named in this application form (and accompanying resume, if any) to provide Goodwill Industries with information that may be useful in making a hiring decision, and I release such entity from any legal liability in making such statements.

This application for employment shall be considered active for a period not to exceed 45 days. Any candidate wishing to be considered for employment beyond this period should inquire as to whether or not applications are still being accepted and/or reviewed.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is "at will," which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such changes are specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Candidate Date

# Affirmative Action Data Record

Employees are treated during application and employment without regard to race, color, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

We comply with government regulations, including affirmative action responsibilities where they apply.

The purpose of this data record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data record is optional. If you choose to volunteer the requested information, please note that all data records are kept in a confidential file and are not a part of your application for employment, nor will they be included in your personnel file should you be hired. Please note: Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

**(PLEASE PRINT)**

_____			
Last Name	First Name	Full Middle Name	
_____			
Street Address	City	State	Zip Code
_____			
Telephone Number(s)	Home	Work	
_____			
Social Security Number			
_____			

**CURRENT JOB:** \_\_\_\_\_

**CHECK ONE:**  MALE  FEMALE

**BIRTH DATE:** \_\_\_\_\_

**ETHNIC ORIGIN:** Check One of the Following

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> White                     | <input type="checkbox"/> American Indian or Alaskan Native         | <input type="checkbox"/> Asian             |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Two or More Races |

**CHECK ANY OF THE FOLLOWING THAT ARE APPLICABLE**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Vietnam-Era Veteran | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Person with a Disability |
|--|---|---|

**SUBMIT FORM**