



Goodwill Industries of the Redwood Empire (GIRE)

Goodwill Industries is an Equal Opportunity Employer. Race, color, religion, age, gender, disability, sexual orientation, marital or veteran status, place of national origin and other categories protected by law are not factors in hiring, promotion, compensation or working conditions.

Employment Application

Please Print

Date _____ Last Name _____ First Name _____ Middle _____

Address: No. & Street _____ City _____ State _____ Zip _____

(____) _____ (____) _____
Business Phone Home Phone

Position Desired: _____

We accept applications for current, open positions only. Please specify the job desired.

Personal Information

1. Have you ever applied to or worked for Goodwill Industries before? Yes No

If yes, when/where? _____

2. Do you have any friends or relatives working for Goodwill Industries? Yes No

If yes, state name(s) and relationship:

Name _____ Relationship _____

Name _____ Relationship _____

3. Why are you applying for work at Goodwill Industries?

4. Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age). Yes No

5. If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the U.S.? Yes No

6. Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Failure to completely disclose will result in automatic disqualification

(Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

7. How did you hear about this opening? _____

(Please include the name of the employee who referred you, if applicable)

8. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
 If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

9. Are you applying for:
 Regular full -time work? Regular part-time work? If part-time, number of hours: _____
 Temporary Temporary on call

10. Are you available for work:
 Weekends Yes No; Nights Yes No; Holidays Yes No; Overtime Yes No

Education, Training and Experience

School	Name and Location	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Location _____ State _____ Zip _____			
College/ University	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Location _____ State _____ Zip _____			
Vocational/ Business	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Location _____ State _____ Zip _____			

Special Skills

1. Some of our customers do not speak English. Do you speak, write, or understand any other language(s)? Yes No
 If yes, which language(s)? _____

2. Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at Goodwill Industries? Yes No
 If so, please explain: _____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Note: Attach additional page(s) if necessary.

_____	(____) _____	_____ to _____
Name of Employer	Telephone No.	Dates of Employment
_____	_____	
Your Supervisor's Name	Your Position and Duties	
_____	_____	_____ - _____
Address & Street	City	State Zip
_____		_____
Reason for Leaving	Ending pay	
May we contact this employer for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No

_____	(____) _____	_____ to _____
Name of Employer	Telephone No.	Dates of Employment
_____	_____	
Your Supervisor's Name	Your Position and Duties	
_____	_____	_____ - _____
Address & Street	City	State Zip
_____		_____
Reason for Leaving	Ending pay	
May we contact this employer for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No

_____	(____) _____	_____ to _____
Name of Employer	Telephone No.	Dates of Employment
_____	_____	
Your Supervisor's Name	Your Position and Duties	
_____	_____	_____ - _____
Address & Street	City	State Zip
_____		_____
Reason for Leaving	Ending pay	
May we contact this employer for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No

_____	(____) _____	_____ to _____
Name of Employer	Telephone No.	Dates of Employment
_____	_____	
Your Supervisor's Name	Your Position and Duties	
_____	_____	_____ - _____
Address & Street	City	State Zip
_____		_____
Reason for Leaving	Ending pay	
May we contact this employer for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. **I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.**

Initials I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which maybe granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

____/____/____
Date Applicant's Signature

Equal Employment Opportunity Data

Application Date _____

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: _____

Sex: Male Female

Race/Ethnicity: American Indian/Alaskan Native
 Asian/Pacific Islander
 Black
 Hispanic
 White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran
 Disabled Veteran
 Individual with a Disability

Position applied for: _____

Referral source: _____
(For example, newspaper, CalJobs, walk-in, friend, employee)

To be completed by employer:

EEO-1 Category: 1. Officials and managers 6. Crafts - skilled
 2. Professionals 7. Operatives - semi-skilled
 3. Technicians 8. Laborers - unskilled
 4. Sales 9. Service workers
 5. Office and clerical

Employer information completed by:

Name

Date