

# Application for Employment

AN EQUAL OPPORTUNITY/  
AFFIRMATIVE ACTION EMPLOYER



DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
LAST FIRST MIDDLE ALT PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP CODE

## EMPLOYMENT DESIRED

POSITION ANNOUNCEMENT No.: \_\_\_\_\_

POSITION JOB TITLE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

### HOURS AVAILABLE TO WORK

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
FROM:	TO:	FROM:	TO:	FROM:	TO:	FROM:	TO:	FROM:	TO:	FROM:	TO:	FROM:	TO:

HAVE YOU EVER BEEN EMPLOYED WITH GOODWILL INDUSTRIES? [ ] YES [ ] NO

If "YES", please give dates and position title: \_\_\_\_\_

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY GOODWILL INDUSTRIES? [ ] YES [ ] NO

If "YES", please explain: \_\_\_\_\_

## BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A FELONY? [ ] YES [ ] NO

If so, give details and disposition: \_\_\_\_\_

You will not be denied employment services solely because of a conviction record unless the offense is related to the job you have applied for.

<u>EDUCATION</u>	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	DEGREE AND SUBJECT
HIGH SCHOOL / GED				
COLLEGE				
BUSINESS / TECHNICAL TRADE SCHOOL				
CERTIFICATES & LICENSES (Give type and expiration date)				

If required for position, please provide proof of education, certifications, and licenses.

## FOR POSITIONS REQUIRING DRIVING

DO YOU HAVE A VALID DRIVER LICENSE [ ] YES [ ] NO EXPIRATION DATE: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_ STATE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE INTOXICATED (DWI?) [ ] YES [ ] NO

DO YOU HAVE AUTO LIABILITY INSURANCE?: [ ] YES [ ] NO

**EMPLOYMENT HISTORY**

The following section must be completed in full, even if you have attached additional documents (i.e. – resume). List your last three (3) employers, assignments or volunteer activities, starting with the *most recent*, including military experience. Explain any gaps in employment.

EMPLOYER	ADDRESS	TELEPHONE
EMPLOYED FROM - TO	JOB TITLE	IMMEDIATE SUPERVISOR AND TITLE
JOB DUTIES	STARTING SALARY / WAGES	
REASON FOR LEAVING	ENDING SALARY / WAGES	

EMPLOYER	ADDRESS	TELEPHONE
EMPLOYED FROM - TO	JOB TITLE	IMMEDIATE SUPERVISOR AND TITLE
JOB DUTIES	STARTING SALARY / WAGES	
REASON FOR LEAVING	ENDING SALARY / WAGES	

EMPLOYER	ADDRESS	TELEPHONE
EMPLOYED FROM - TO	JOB TITLE	IMMEDIATE SUPERVISOR AND TITLE
JOB DUTIES	STARTING SALARY / WAGES	
REASON FOR LEAVING	ENDING SALARY / WAGES	

**REFERENCES** – Please do not include relatives as references.

NAME	TELEPHONE NUMBER	YEARS KNOWN
NAME	TELEPHONE NUMBER	YEARS KNOWN
NAME	TELEPHONE NUMBER	YEARS KNOWN

*“I understand and agree that any misrepresentation or omission of information by me in this Application or attached documents (i.e., certifications, school records, resume or any other documents), will be sufficient cause for rejection of the Application and/or separation from the Agency’s service if the false statement or omission is discovered subsequent to my employment beginning. Furthermore, I authorize Goodwill Industries, Inc. of San Antonio to request from each of my former employers and/or person, firm, or corporation identified in this Application as an employer or reference to answer any and all questions that may be asked and to give any and all information concerning me, my work habits, character or skill that may be sought in connection with this Application. I expressly release these people from any and all liability in furnishing responses to these inquiries. I understand and agree that, if employed, my employment is for no definite period and that I may be terminated at any time without any prior notice, regardless of the date of payment of my wages or salary. If this Application is considered favorably and I am hired, I agree to abide by and comply with all rules and regulations of the Company as they currently exist, and/or as they are modified from time to time during my employment relationship. I certify that the foregoing statements and answers on this form are true, correct, and complete to the best of my knowledge and grant the Company permission to verify any and all such answers.”*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## *GOODWILL INDUSTRIES OF SAN ANTONIO*

### *Equal Employment Opportunity Statement*

In accordance with Civil Rights Act of 1964, the agency is prohibited from discrimination in employment practice because of race, color, religion, sex, national origin, political belief or disability.

### *EEO Statistical Information*

The following information is for statistical purposes only. You are asked to voluntarily give this information so that we can be in compliance with the Equal Employment Opportunity Act. This information will be kept confidential and will be kept separate from your employment application.

In accordance with Federal Regulations this information will not be used in determining and selecting the best qualified individual for employment.

Position Announcement No.	
Location Applied	Date of Application
Name (Last, First, Middle, Maiden, if any)	
Address (Street & No. or P.O. Box, City, State, Zip Code)	
CHECK <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Two or more races ONE <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please explain.	
License or certificate (if any)	
Circle highest educational level achieved: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Degree(s):	
REFERRAL <input type="checkbox"/> Employee <input type="checkbox"/> Job Help Center <input type="checkbox"/> Website <input type="checkbox"/> Walk-In	
SOURCE <input type="checkbox"/> Newspaper <input type="checkbox"/> Community Agency <input type="checkbox"/> Other _____	

U.S. Department of Labor  
Office of the Assistant Secretary for  
Veterans Employment and Training  
Washington, D.C. 20210

***VETS-100 EMPLOYMENT SURVEY***

The Federal Contractor Veteran's Employment Report (Vets-100) program is intended to assist the Department of Labor in determining whether special disabled and Vietnam-era veterans benefit from affirmative action in obtaining and advancing in employment. The information on this survey is voluntarily provided and will be kept confidential. Disclosure or refusal to provide the information will not subject the applicant or employee to any adverse treatment and the information will be used only in support of veteran's programs in accordance with the regulations implementing 38 U.S.C. 4212.

Please check if either or both categories apply to you.

***[ ] SPECIAL DISABLED VETERAN***

- I. A veteran who is entitled to compensation (or who but the military retired pay would be entitled to compensation) under the laws administered by the Department of Veterans affairs for a disability.
  - a. Rated at 30 percent or more, or
  - b. Rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 of Title 38, U.S.C., to have a serious employment handicap; or
- II. A person who was discharged or released from active duty because of service connected disability.

***[ ] SPECIAL OF THE VIETNAM ERA***

A person who served more than 180 days of active military, naval or air service, any part of which was during the period of August 5, 1964 through May 7, 1975 and

- I. Was discharged or "released therefore with other than dishonorable charge, or
- II. Was discharged or released from active duty because of a service-connected disability.

# **GOODWILL INDUSTRIES OF SAN ANTONIO**

## ***Background Record Check Authorization***

I, \_\_\_\_\_ (applicant's / participant's / team member's full name), authorize Goodwill Industries of San Antonio (GISA) to conduct a background record check for employment / training purposes in connection with my application for (and if hired, employment with) GI. I specifically authorize GISA to obtain reports from consumer reporting agencies for employment / training purposes. I am aware my background is subject to check at the discretion of the organization at any time during employment / training.

I understand that the background check may include verification of all information I have provided to GISA in the employment application / training intake and hiring process information, motor vehicle driving history, and may include reports and records relating to law enforcement and court records, including prior employment, military service, and educational records.

I voluntarily release all parties from liability for complying with this authorization. I agree that a photocopy of this authorization is to be considered as though it were an original.

Under the Fair Credit Reporting Act, I understand if employment / training is denied in whole or in part based on information contained in a consumer report provided to GISA from a consumer reporting agency, GISA will advise me that the action has been taken and provide to me the name, address, and phone number of the consumer reporting agency that provided the report.

_____	_____
Social Security Number	Driver's License or State ID Card Number
_____	_____
Street Address	Date of Birth
_____	_____
City State Zip	Mailing Address (If different than street address)
_____	_____
Signature	City State Zip
_____	_____
	Date