

# GOODWILL INDUSTRIES OF LUBBOCK, INC

MISSION: TO CREATE JOB OPPORTUNITIES FOR PEOPLE WITH BARRIERS TO EMPLOYMENT  
EMPLOYMENT APPLICATION



APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Friends / Relative working for Goodwill?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Name and Relation

EDUCATION			
High School		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE
<p>I hereby certify that the foregoing statements as well as those on any attachment(s) are, to the best of my knowledge, true and correct and that they are all given of my own free will.</p> <p>Goodwill Industries conducts background checks on its employees.</p> <p>Please Note: Your application will be kept active for 90 days. If you have not been contacted by Goodwill Industries by the end of 90 days, you must re-apply if still interested in employment by Goodwill Industries.</p>
Signature _____ Date _____

<b>VOLUNTARY APPLICANT CHARACTERISTIC DATA</b>	
<b>RACE:</b> <input type="checkbox"/> Anglo <input type="checkbox"/> Black <input type="checkbox"/> Hispanic / Spanish Surname <input type="checkbox"/> American Indian/Aleutian <input type="checkbox"/> Asian/Filipino	<b>SEX:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <b>DATE OF BIRTH:</b> ____/____/____
<b>What led you to apply with Goodwill Industries?</b>  <input type="checkbox"/> Stopped by to check on available jobs <input type="checkbox"/> Referred by a Goodwill employee <input type="checkbox"/> Referred by a employment agency <input type="checkbox"/> Referred by a rehabilitation Agency (i.e, Texas Rehabilitation Commission – TRC, Texas Commission of the Blind – TCB) <input type="checkbox"/> Referred by Texas Workforce Commission (formerly Texas Employment Commission) <input type="checkbox"/> Other (Please specify) _____	
<b>Have you ever received services from any of these agencies below? (Check all the apply)</b>  <input type="checkbox"/> Any rehabilitation agency (i.e, TRC, TCB) <input type="checkbox"/> Mental Health/Mental Retardation Agency <input type="checkbox"/> State Hospital <input type="checkbox"/> Goodwill Industries <input type="checkbox"/> Veteran's Administration <input type="checkbox"/> Social Security <input type="checkbox"/> JTPA/Department of Labor <input type="checkbox"/> Medicare <input type="checkbox"/> Special Education	
<b>Please check if applicable.</b>  <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Arthritis <input type="checkbox"/> Orthopedic <input type="checkbox"/> Absence / Amputation of a member <input type="checkbox"/> Psychotic <input type="checkbox"/> Behavioral (not substance abuse) <input type="checkbox"/> Learning Disabled / Mental retardation <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cardiac / Circulatory <input type="checkbox"/> Head Injury <input type="checkbox"/> Other medical (Please specify) _____	
<b>Disadvantage – may be one or more of the following:</b>  <input type="checkbox"/> Dislocated worker (due to mass layoff, plant closing, etc.) <input type="checkbox"/> Chronically Unemployed (without job for 27 weeks or more) <input type="checkbox"/> Illiterate (reading, speaking or computations) <input type="checkbox"/> Chronically poor (below poverty level in income) <input type="checkbox"/> Welfare recipient (receiving AFDC, SSI, etc.) <input type="checkbox"/> At-risk youth (below 19, left school early, defiant or anti-social) <input type="checkbox"/> Offenders / ex-offenders (subjected to any stage of criminal justice) <input type="checkbox"/> Advanced age (55 years or above) <input type="checkbox"/> Teenage parents (between 13 and 19 having dependants) <input type="checkbox"/> Displaced homemaker (lost source of income of spouse) <input type="checkbox"/> Homeless (without permanent address – living in a shelter, with relatives/friends or on the street) <input type="checkbox"/> Immigrant (coming from another country)	

**DISCLAIMER AND SIGNATURE**

I hereby certify that the foregoing statements as well as those on any attachment(s) are, to the best of my knowledge, true and correct and that they are all given of my own free will.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporation or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local state or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as many be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature

Date