

# 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.)*

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>	<p><b>DATE EMPLOYED</b> From: _____ To: _____</p>	<p><b>WORK PERFORMED</b> _____</p>
<p>EMPLOYER _____</p> <p>ADDRESS _____</p> <p>TELEPHONE NUMBER(S) _____</p> <p>JOB TITLE _____</p> <p>SUPERVISOR _____</p> <p>REASON FOR LEAVING _____</p>	<p><b>DATE EMPLOYED</b> From: _____ To: _____</p>	<p><b>WORK PERFORMED</b> _____</p>
<p>EMPLOYER _____</p> <p>ADDRESS _____</p> <p>TELEPHONE NUMBER(S) _____</p> <p>JOB TITLE _____</p> <p>SUPERVISOR _____</p> <p>REASON FOR LEAVING _____</p>	<p><b>DATE EMPLOYED</b> From: _____ To: _____</p>	<p><b>WORK PERFORMED</b> _____</p>

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.

GOODWILL INDUSTRIES INTERNATIONAL, INC.

## 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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

GOODWILL INDUSTRIES INTERNATIONAL, INC.

# 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/Alaskan Native | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> Other    |

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 |
|--|---|---|

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



**GENERAL INFORMATION ON OUR BACKGROUND SCREENING PROCESS**

Because we are committed to the highest standards of responsible hiring practices, effective August 1, 2005, we instituted a new program that will reduce the risk of violence in the workplace, avoid negligent hiring liability, detect falsified employment applications, and help to provide the safest environment possible to our customers, employees, and the general public.

Goodwill Industries International, Inc. (GII) will use an independent Consumer Reporting Agency, "KROLL Background America, Inc.", to check specific information on potential new hires. Any offer of employment, whether verbal or written, is contingent upon our receipt of a satisfactory background screening report from KROLL. Only authorized personnel at GII will request and view background screening results. All information received will be kept as confidential as possible and revealed to only those with a "need to know." . In accordance with the Fair Credit Reporting Act and applicable state laws, you have certain rights to review the report and to correct or dispute the accuracy or completeness of any information furnished by KROLL.

The background screening process generally takes three to five business days. Listed below are the background searches conducted by KROLL:

- Social Security Number Trace and Verification
- Criminal History Search
- Motor Vehicle Report Information (Information from state records)
- Employment Verification
- Education Verification
- Credit History (This search is only required for Financial and Executive positions)

Please be aware that the use of the KROLL HIRE Program® shall only be used for employment purposes. Any other use will violate our agreement with KROLL and also will violate the provisions of the federal Fair Credit Reporting Act as well as the various state statutes that apply to background screening.

I acknowledge that I have received, read and understand the Goodwill Industries International, Inc. background screening process. I also understand that this is not a legal contract or a contract of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# KROLL

## DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with \_\_\_\_\_ ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Kroll, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used \_\_\_\_\_ Years Used \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box      City      State      Zip Code      County      Dates

Former Address: \_\_\_\_\_  
Street /P. O. Box      City      State      Zip Code      County      Dates

Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\* Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

**For CA, MN & OK Residents Only: Please provide me with a copy of my background report    YES:  NO**   
For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

\*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Company ID: \_\_\_\_\_