

Goodwill



Building
Lives
That
Work.

Industries of Central Florida, Inc.

Application for Employment

Goodwill Industries of Central Florida, Inc. is an equal opportunity employer. Applicants and employees are treated without regard to race, color, religion, sexual orientation, gender, national origin, citizenship status (unless required by a government contract), age, marital status, physical or mental disability, or any other legally protected status during every aspect of the employment process. We assure you that your opportunity for employment with this employer depends solely on your qualifications.

If you have a disability or other condition that would require you to need assistance or an accommodation in completing this application form or the application process, please notify a Goodwill Industries of Central Florida, Inc. representative for assistance.

Employment Desired

*Job Request Number

*Position

*Location

*Employment Type

Full Time Part Time Temporary

Date you can start

mm/dd/yy

*If hired, can you provide verification of your legal right to work in the United States?

Yes No

*Days & Times of the Week You Are Available for Work

ex: Mon-Sun 9am-8pm

If required for the position, do you have a valid driver's license?

Yes No

*Have you ever applied to this company before?

Yes No

If "Yes", Last Apply Date

mm/dd/yy

*Do you have any relatives working for Goodwill Industries?

Yes No

If "Yes", then who?

*Have you been convicted of a felony in the past 7 years?

Yes No

If "Yes", please explain:

Convictions will not automatically disqualify you from the position you are applying for.

Goodwill will consider the nature and date of the conviction, the position for which you are applying, and will make decision in accordance with our equal employment opportunity policy.

Personal Information

*Full Name

First/Middle

*

Last

*Home Phone

Ex: 555-555-5555

Apply Date

mm/dd/yy

*Alternate Phone Number

Ex: 555-555-5555

*Email

Email is our preferred method of communication. Type "None" if you do not have an email.

*Present Address

Street Address

Street Address Line 2

*Are you 18 years or older?

Yes No

City

State/ Province

Postal/ Zip Code

Country

*How did you hear about this opening?

Employment Experience

List Last Seven Years of Employment History, Starting With The Most Recent:

Note: Be as complete as possible in your employment experience. Some positions require a certain number of years of experience.

Employer

Date Employed: From

Date Employed: To

Duties Performed

City and State

Hourly Rate or Salary

Phone Number

555-555-5555

Job Title

Supervisor's Name

Reason for leaving

May we contact if this is your current employer?

Yes No

Employment Experience Continued

Employer	Date Employed: From	Date Employed: To	Duties Performed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City and State	Hourly Rate or Salary	Phone Number	Job Title
<input type="text"/>	<input type="text"/> \$	<input type="text"/> 555-555-5555	<input type="text"/>
Supervisor's Name	Reason for leaving		
<input type="text"/>	<input type="text"/>		

Employer	Date Employed: From	Date Employed: To	Duties Performed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City and State	Hourly Rate or Salary	Phone Number	Job Title
<input type="text"/>	<input type="text"/> \$	<input type="text"/> 555-555-5555	<input type="text"/>
Supervisor's Name	Reason for leaving		
<input type="text"/>	<input type="text"/>		

Employer	Date Employed: From	Date Employed: To	Duties Performed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City and State	Hourly Rate or Salary	Phone Number	Job Title
<input type="text"/>	<input type="text"/> \$	<input type="text"/> 555-555-5555	<input type="text"/>
Supervisor's Name	Reason for leaving		
<input type="text"/>	<input type="text"/>		

Please explain any gaps in employment history:

From:	To:	Reason:
<input type="text"/>	<input type="text"/>	<input type="text"/>

From:	To:	Reason:
<input type="text"/>	<input type="text"/>	<input type="text"/>

From:	To:	Reason:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Education

High School	Name & Location	Course of Study	Years Attended	Diploma Earned
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
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College	Name & Location	Course of Study	Years Attended	Degree Earned
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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College	Name & Location	Course of Study	Years Attended	Degree Earned
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Trade/Technical	Name & Location	Course of Study	Years Attended	Degree/Certificate
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Computer Skills: (Indicate Software Used)

Other Skills and Abilities:

Training, special qualifications, or skills that especially suit you for this position

Acknowledgment

(Please read carefully, initial in the box for each paragraph, and sign below.)

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

*Initial

I understand and agree that, if hired, my employment is for no definite period of time and may regardless of the date of payment of my wages or salary, be terminated at any time without prior motive and without cause.

*Initial

I understand that as a condition of employment I may be required to take a post-off/pre-employment alcohol/drug testing. I further understand that at any time during my employment, I may be required to submit to random or reasonable suspicion alcohol/drug testing.

*Initial

I am able to perform the essential functions of the position I am applying for with or without reasonable accommodation.

*Initial

Applicant Signature:

Date Application Completed:

NOTIFICATION AND AUTHORIZATION

In connection with my application for employment, and/or employment with this company, I understand and I am hereby notified by this document that Goodwill Industries of Central Florida, Inc., is authorized to request a consumer report from a consumer reporting agency for evaluation of me for employment (i.e., employment promotion, reassignment, or retention as an employee). I understand that these consumer reports may contain information from public records, including written, oral, or other communications bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which may or may not be used as a factor for employment purposes. I further understand that inquiries may include, but are not limited to, criminal convictions, motor vehicle records, education and previous employment verification.

In addition, I understand that you may request information from various federal, state, and other agencies which maintain records concerning my past activities and history.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

I further authorize ongoing procurement of the above-mentioned reports at any time, either during the time my application for employment is being considered or throughout the duration of my employment, in the event that I am hired.

Applicant Signature:

Date Application Completed:



Voluntary Survey for Affirmative Action/EEO Reporting

Applicants and employees are treated without regard to race, color, religion, sexual orientation, gender, national origin, citizenship status (unless required by a government contract), age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process. As an employer and government contractor, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with affirmative action record keeping, reporting and other legal requirements, please complete the survey below.

This information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from applicant and personnel files. When reported, data will not identify any specific individual.

If you have a disability or other condition that would require you to need assistance or an accommodation in completing this application form or the application process, please notify a Goodwill Industries of Central Florida, Inc. representative for assistance.

*Full Name

*

*Job Request #

First

Last

YOUR COOPERATION IS VOLUNTARY

INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION

Please complete the following information:

Check one:

- Male Female
-

Check Applicable Box:

- White Black/African American
 Hispanic or Latino Asian
 Native Hawaiian or Other Pacific Islander 2 or more races
 American Indian or Alaskan Native
-

Check If Applicable:

- Recently Separated Veteran
 Active Duty Wartime or Campaign Badge Veteran
 Armed Forces Service Medal Veteran
 Disabled Veteran

Recently Separated Veteran - Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Active Duty Wartime or Campaign Badge Veteran - A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.

Armed Forces Service Medal Veteran - A person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 FR 1209).

Disabled Veteran - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or a person who was discharged or released from active duty because of a service-connected disability.

- I respectfully decline to complete this survey.
-

Applicant Signature:

Date Application Completed:

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.