

# Application for Employment

Qualified applicants are considered for all positions without regard to race, color, creed, ancestry, cultural heritage, religion gender, affectional or sexual preferences, which shall not include persons whose sexual orientation includes children as the sex object, national origin, age, marital or veteran status, or a physical or mental disability.

## Goodwill Industries of the Springfield/Hartford Area, Inc.

Position Applied For: \_\_\_\_\_ Check (✓) if resume attached

Have you ever worked for Goodwill Industries? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_

Desired Salary \$\_\_\_\_\_ or Hourly Wage \$\_\_\_\_\_

Days/Hours Available to Work: S\_\_\_\_\_ M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ TH\_\_\_\_\_ F\_\_\_\_\_ S\_\_\_\_\_

### PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone ( )
City, State, Zip			Business Telephone ( )

### EDUCATION

School	Name and Location	Course of Study	No. of years completed	Did you graduate	Degree or Diploma
<b>Graduate</b>					
<b>College</b>					
<b>Business, Trade, Technical</b>					
<b>High School</b>					
<b>Elementary</b>					

Other special training or skills (Please list and summarize any additional skills, experiences, certificates or licenses you may have which are related to the position(s) for which you are applying. You may include any verified work performed on a volunteer basis. You need not list and summarize any memberships in organizations which identify your race, color, religion, creed, cultural heritage, gender, sexual orientation, national origin, ancestry, age, disability, marital or veteran status.)

\_\_\_\_\_

\_\_\_\_\_

LANGUAGES (answer only if this line checked (✓) \_\_\_\_\_  
 Language : \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_ Speak: \_\_\_\_\_

**EMPLOYMENT**

(You may include any verified work performed on a volunteer basis.)

<b>1</b>	Company Name	Telephone ( )
	Address	Employed -(State month & year From To
	Name of Supervisor	Earnings
	State Job Title and Describe Your Work	Reason for Leaving

<b>2</b>	Company Name	Telephone ( )
	Address	Employed -(State month & year From To
	Name of Supervisor	Earnings
	State Job Title and Describe Your Work	Reason for Leaving

<b>3</b>	Company Name	Telephone ( )
	Address	Employed -(State month & year From To
	Name of Supervisor	Earnings
	State Job Title and Describe Your Work	Reason for Leaving

<b>4</b>	Company Name	Telephone ( )
	Address	Employed -(State month & year From To
	Name of Supervisor	Earnings
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	Do Not Contact: Employer Number(s) _____ Reason _____
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**MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS**

Membership in professional organizations need not be listed if such membership would identify the applicant's race, color, creed, cultural heritage, gender, sexual orientation, national origin, ancestry, age, disability, marital or veteran status.)


**MILITARY**

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", in what Branch?
Describe any training received relevant to the position for which you are applying.	
_____	
_____	
_____	

**MOTOR VEHICLE DRIVER APPLICANTS**

<input type="checkbox"/> If this box is checked (✓), the position you applied for involves driving a motor vehicle, and you are requested to provide the following information:			
Class of valid license you now possess	State	Ever revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain

**MOTOR VEHICLE DRIVER EXPERIENCE**

From: (Mo/Yr.) To: (Mo/Yr.)	Name and Address of Company	Type of Vehicle

**REFERENCES**

Please list three references, not related to you, and who are not previous employers, whom we may contact

Name	Telephone
Address	Length of time known From: _____ To: _____

Name	Telephone
Address	Length of time known From: _____ To: _____

Name	Telephone
Address	Length of time known From: _____ To: _____

**OTHER**

Do not answer any questions on this page unless the box next to the question has been checked (✓), which indicates this information is related to the specific job for which you are applying.

Were you ever denied bond? \_\_\_\_ Yes \_\_\_\_ No If yes, why \_\_\_\_\_  
\_\_\_\_\_

Do you have any handicap or health problems which would affect your performance in the job of \_\_\_\_\_ which we should attempt to accommodate?

Are you under eighteen (18) years of age? If yes, please state your age: \_\_\_\_\_  
If hired and you are under the age of eighteen (18), can you furnish a work permit?  
\_\_\_\_ Yes \_\_\_\_\_ No

**NOTICE TO APPLICANTS**

If you are not authorized to work in the United States please do not apply. We hire only United States citizens and those aliens who are permitted by the United States government to work in the United States.

United States law (Immigration Reform and Control Act of 1986) forbids us from hiring any person who is not a United States citizen or an alien who is specifically allowed by the United States government to work in the United States.

No one that we hire will be allowed to work until:

1. They sign a sworn statement that they can legally work in the United States, and
2. They show us the original and give us a copy for our files of a birth certificate, Social Security Card, driver's license with photograph, photograph identification issued by the State U.S. Passport, Certificate of Citizenship or Naturalization, resident alien card ("Green Card") or other identification documents approved by the United States government.

Making a false oath or giving us false papers to get a job is punishable by jail and a possible fine.

**IF HIRED, CAN YOU PROVIDE CERTIFICATION OF YOUR AUTHORIZATION TO WORK IN THE UNITED STATES? \_\_\_\_\_ YES \_\_\_\_\_ NO**

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

## CERTIFICATION

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

**AGREEMENT:** I certify that the information on this application, is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge. I understand that if I am hired I will be subject to an introductory period of up to three (3) months.

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

\_\_\_\_\_  
Date

## Voluntary Affirmative Action Information

As a state and federal contractor, we are required to collect, record and report information on our workforce as it pertains to our affirmative action program. In an effort to comply with those requirements, we ask that you complete this "Voluntary Affirmative Action Information" form. This information will be considered confidential. We consider applicants for all positions without regard to race, color, creed ancestry, religion, sex, sexual orientation, national origin, cultural heritage, political beliefs, age, marital or veteran status, or a physical or mental disability. Your cooperation in completing this survey is appreciated.

Name: \_\_\_\_\_ Location: MA or CT (circle one)  
 Division: \_\_\_\_\_ Department: \_\_\_\_\_

Please check one line in each of the following categories:

<p><b><u>GENDER</u></b></p> <p>_____ Male                  _____ Female</p>	<p><b><u>ARMED FORCES SERVICE MEDAL VETERAN</u></b></p> <p>A veteran 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.</p> <p>_____ Yes                  _____ No</p>
<p><b><u>DISABLED</u></b></p> <p>_____ Yes                  _____ No</p>	<p><b><u>RECENTLY SEPERATED VETERAN</u></b></p> <p>A Veteran who has been discharged or released from active duty within the past three years.</p> <p>_____ Yes                  _____ No</p>
<p><b><u>VETERAN</u></b></p> <p>_____ Yes                  _____ No</p>	<p><b><u>DISABLED VETERAN</u></b></p> <p>_____ Yes                  _____ No</p>

(CONTINUE ON REVERSE SIDE)

**Please check one or more of the following Race/Ethnic Group(s):**

\_\_\_\_\_ **White or Caucasian**– A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_ **Black or African American** – A person having origins in any of the Black racial groups of Africa.

\_\_\_\_\_ **Hispanic or Latino (All races)** – A person **only** of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ **American Indian/Alaskan Native** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

\_\_\_\_\_ **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **Cape Verdian**

**DO NOT WRITE BELOW THIS LINE (For Human Resource only)**

\_\_\_\_\_ Administrator

\_\_\_\_\_ Professional (with degree)

\_\_\_\_\_ Production

\_\_\_\_\_ Protective Services

\_\_\_\_\_ Para-professional

\_\_\_\_\_ Office/Clerical

\_\_\_\_\_ Sales Workers

\_\_\_\_\_ Service/Maintenance

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date