



EMPLOYMENT APPLICATION

Please complete this application in its entirety to be considered for employment. While we gladly accept resumes, they may not be used in lieu of a completed application. Attach additional sheets if more space is needed. Please print clearly and legibly. Do not forget to sign the application.

Date of Application: _____

Position Applied For: _____

Applying For: Full-Time Part-Time Full-Time or Part-Time

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: () _____ Email Address _____

Do you have the legal right to work in the United States? (Federal Law requires proof of identity and employment authorization for all new employees). Yes No

Driver's License # _____ State: _____ Class: _____

Have you ever worked for Goodwill Industries: Yes No If yes, when: _____

Do you have relatives/friends/roommates working for Goodwill Industries? Yes No

If yes, name: _____ Relationship: _____

On what date would you be available for work? _____

Where did you hear about this position? Newspaper Referred by Other

EDUCATION	City, State	List Diploma or Degree
College		
Trade/Technical		
Other		
High School/GED		

Have you used any other name(s)? If yes, please list name(s) used:

Please describe specialized training or skills that you have that are relevant to this position:

Goodwill Industries is an equal opportunity employer. Goodwill Industries will not discriminate or tolerate discrimination against any employee or applicant in any manner prohibited by law. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-related medical condition or disability.

WORK HISTORY Include ten years of employment history. List most recent to oldest.

Most Recent Employer - Are you currently employed with this employer? Yes No
If yes, may we contact? Yes No

Company: _____ Type of Business: _____ Phone: _____
Address: _____
Street City State Zip
Job Title: _____ Employed From: _____ To: _____
Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

Company: _____ Type of Business: _____ Phone: _____
Address: _____
Street City State Zip
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Address: _____
Street City State Zip
Job Title: _____ Employed From: _____ To: _____
Supervisor: _____

Job Duties: _____

Reason for Leaving: _____

Please explain any gaps in your employment history: _____

JOB RELATED BACKGROUND

Goodwill Industries has a **zero-tolerance** drug and alcohol policy. All job offers are contingent on passing a background check including a drug and alcohol test that includes screening for THC. Are you willing to submit to drug and alcohol screening? Yes No if yes, are you able to pass drug screening? Yes No

Do you understand the basic requirements needed to perform this job? Yes No

Are you able to perform this job safely without significant risk of substantial harm to yourself or others?

Yes No *You may answer YES if you can perform all essential functions of the job with or without reasonable accommodation.*

Goodwill Industries will provide reasonable accommodation to a person with a disability. However, you are not required to identify yourself as a disabled person on this application form. If you need reasonable accommodations to perform the essential functions of the job then please respond to the following question: How would you perform the task, and with what accommodation(s)?

WORK AVAILABILITY

Retail employee work schedules include day, evening, weekend and holiday hours. All employees are expected to work as scheduled. Retail employees will typically include multiple evening shifts per week, weekends, and holidays as needed and determined by business need. Please indicate below the shifts you **ARE** able to work. Limited availability may preclude you from being considered.

I am able to work the following:	Mornings	Afternoons	Evenings
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

REFERENCES

Please list three professional references. Include only individuals familiar with your work ability. Do **NOT** include relatives or supervisors from work history listed above.

Name	Address	Telephone	Relationship / Years Known

AGREEMENT & RELEASE MUST BE SIGNED AND DATED
(Please complete next page)

OUR MISSION

To provide vocational opportunities to individuals with barriers to employment.

AGREEMENT & RELEASE

By signing this application, I declare the information provided by me is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on this application may preclude an offer of employment or may result in a withdrawal of an employment offer or discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

In the event I undergo a medical examination or evaluation as part of the job placement process, I agree to supply only information which is true to the best of my knowledge and I authorize the physician or their representative to provide any information or opinion, as it relates to my employment, to Goodwill Industries. Regarding this examination or evaluation, I understand that if Goodwill Industries determines that I have made any false oral or written statements or answers or any misrepresentation or omission of significant information to Goodwill Industries or to the physician or to their representative, Goodwill Industries is entitled to terminate my conditional or actual employment at any time.

I authorize Goodwill Industries or its agents to verify any information on this application including, but not limited to references, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement agencies to release any information concerning my background, and release any said persons, schools, companies or agencies from any liability for issuing this information.

Additionally, I hereby authorize the release of the results of any drug testing to Goodwill Industries for their use in evaluating my suitability for employment.

Further, I release the examining facility and Goodwill Industries from any and all liability and from any damage that may result from the release of such information.

I understand that the use of illegal drugs, marijuana and alcohol is prohibited during employment, and am willing to submit to drug testing to detect the use of illegal drugs, marijuana and alcohol prior to and during employment.

I understand that employment at Goodwill Industries is on an "at will" (that is, mutual consent) basis. Therefore, I agree that either I or Goodwill Industries has the right to terminate with or without cause at any time, so long as there is no violation of applicable state or federal laws.

Signature: _____

Date: _____

GOODWILL INDUSTRIES OF LANE AND SOUTH COAST COUNTIES

GOODWILL INDUSTRIES OF ALASKA

ADMINISTRATIVE OFFICES

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EUGENE, OR 97408

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