



Goodwill Industries-Knoxville, Inc. Application For Employment

GWIK 4-02

5307 Kingston Pike, P.O. Box 11066

Knoxville, TN 37919

(865)588-8567 (865)588-0075

Goodwill considers all applicants for employment without regard to race, color, religion, creed, age, gender, national origin or ancestry, marital status, status as a disabled Vietnam-era veteran, or status as a qualified individual with a disability, in accordance with applicable laws. In addition, Goodwill complies with all applicable federal, state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. Goodwill also provides reasonable accommodations to qualified individuals with disabilities in accordance with applicable laws. Those applicants requiring accommodation to the application and/or interview should contact a representative of the Human Resources Department. Only individuals who have a legal right to work in the U. S. are eligible for employment.

POSITION APPLYING FOR: _____ Date of Application ____/____/____

How did you find out about us?: _____

PLEASE PRINT

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone Number: () _____ Social Security Number: XXX - XX -

(Will not accept application without a valid contact number)

Are you at least 18 years of age? Yes No
Have you even been employed here? Yes No
If yes, give dates: From _____ To _____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)
Date available for work ____/____/____

Do you have any relatives/friends who work for GWIK? Yes No
What is your desired Salary Range? \$ _____/hr
If yes, list name and relationship? _____

Type of employment desired: Full-Time Part-Time
Will you work overtime if required? Yes No

Please list any days or hours you are **available** to work: _____

Did you serve in the U. S. Armed Forces? Yes No
What branch? _____
Have you ever been convicted of a felony? Yes No
Date _____

Driver's license number & state (if job-related): _____
(Such conviction may be relevant if job related, but does not necessarily bar you from employment.) If yes, please explain: _____

Highest Education Attained: _____

Name of School Years Completed Degree/Diploma

References

List name and telephone number of three references who are not related to you. Misrepresentation of references will result in automatic dismissal of your application.

Name	Relationship	Phone Number	Years Known

List your last three (3) employers, assignments or voluntary activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section.

Employer Telephone ()	<u>Dates Employed</u> From To	Summarize the nature of the work performed and job responsibilities
Address		
Job Title	<u>Hourly Rate/Salary</u> Starting	
Immediate Supervisor and Title	\$ Per	
Reason for Leaving	<u>Hourly Rate/Salary</u> Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later (check answer)	\$ Per	
Employer Telephone ()	<u>Dates Employed</u> From To	Summarize the nature of the work performed and job responsibilities
Address		
Job Title	<u>Hourly Rate/Salary</u> Starting	
Immediate Supervisor and Title	\$ Per	
Reason for Leaving	<u>Hourly Rate/Salary</u> Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later (check answer)	\$ Per	
Employer Telephone ()	<u>Dates Employed</u> From To	Summarize the nature of the work performed and job responsibilities
Address		
Job Title	<u>Hourly Rate/Salary</u> Starting	
Immediate Supervisor and Title	\$ Per	
Reason for Leaving	<u>Hourly Rate/Salary</u> Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later (check answer)	\$ Per	

Comments (include explanation of any gaps in employment) _____

ALL APPLICANTS PLEASE READ AND SIGN

I certify that the information given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give Goodwill permission to contact schools, previous employers, references, and others, and hereby release Goodwill from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application or pre-/post-hiring process may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application/resume and pre-/post-hiring process will be causes for dismissal at any time without previous notice.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety days of their original application should reapply. **PLEASE READ THE ABOVE CAREFULLY AND SIGN:**

Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

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

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

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

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.

ⁱ 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.

**GOODWILL INDUSTRIES – KNOXVILLE, INC.
PRE-EMPLOYMENT CONSENT
DRUG FREE WORKPLACE**

It is the policy of Goodwill Industries—Knoxville, Inc. to provide a drug free workplace for all employees. Therefore, as part of this policy, we require that upon the contingent offer of employment that all candidates submit to urinalysis for the purpose of determining the drug content thereof. Once employed, all employees must submit to random drug screens. These tests will specifically screen for: amphetamines (speed, uppers), cannabinoids (marijuana), cocaine (coke, crack), phencyclidine (PCP, angel dust), and opiates (narcotics, heroin, morphine, etc).

I agree that:

A clinic partnering with Goodwill for pre-employment drug screens may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis. If a positive result is obtained, applicants will be provided with the opportunity to provide the clinic with information regarding current prescriptions.

I further agree to and hereby authorize the release of the results of said tests to Goodwill Industries—Knoxville, Inc. I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at Goodwill.

I further agree to hold harmless Goodwill and its agents (including the above named physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with Goodwill’s consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:
Print Name _____ S.S.#: XXX - XX - _____

Applicant:
Signature _____ Date: _____ / _____ / _____