



# Application for Employment

## Personal Information

NAME (LAST NAME FIRST)		REFERRED BY	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ( )	ALTERNATE CONTACT INFORMATION		

## Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?

## Education and Training

Circle highest grade completed: 1    2    3    4    5    6    7    8    9    10    11    12    12+  
 Did you graduate High School?  Yes  No

High School \_\_\_\_\_  
 (Name and Location)

Additional Education (other than High School), Location, Course or Major Studies	CREDITS COMPLETED		DEGREE OR CERTIFICATE RECEIVED	
	Semester	Quarter	Type	Year

## Employment Record - Begin with most recent position. Include any military or volunteer service.

EMPLOYER	TELEPHONE/FAX	DATE EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
SUPERVISOR		STARTING	FINAL	
REASON FOR LEAVING				

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		FROM	TO	
ADDRESS				
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SUPERVISOR		STARTING	FINAL	
REASON FOR LEAVING				

If you need additional space, please continue on a separate sheet of paper.

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No If yes please explain.

Note: A conviction record will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

### Availability

Number of hours you would prefer to work each week \_\_\_\_\_

To help us consider you for a job that matches your availability, please tell us the **earliest time** and the **latest time** you can work **each day**. Keep in mind that our retail involves working evening and weekends – 9am to 9pm plus opening and closing.

Day	Earliest Time	Latest Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

If hired, the hours you have listed will be taken into consideration in our scheduling process. If you have any conflicts, please list them:

Summarize special skills and qualifications acquired from employment or other experience. Also include any additional comments about your background or career objectives that would be helpful in evaluating your possibility of employment with our company \_\_\_\_\_

“I certify that the information given by me in this application (and accompanying resume, if any) is true and correct without omission of any kind. I acknowledge that if any of the answers or that if any of the information is not true, accurate, or complete, I may not be hired or if hired I may be discharged. I am aware Goodwill will investigate my background as a condition of employment. I hereby waive any privilege I have to such information, except as provided by law. I release from liability any person or organization providing requested information to Goodwill. I also agree to submit to a medical examination to include post offer employment and random drug screening as a condition of employment, if requested. I understand that nothing contained in this application or in the granting of an interview, and any company policies, procedures, or handbooks that I might receive, are intended to create an employment contract between the company and myself for employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the company unless made in writing by an authorized company representative. If an employment relationship is established, I understand I have the right to terminate my employment at any time with or without cause and the company retains an identical right.”

Date

Signature of Applicant

This application will be active for 30 days.

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER: Goodwill Industries Serving Southeast Nebraska, Inc. and Goodwill Services, Inc. are equal opportunity/affirmative action employers and, therefore, do not discriminate because of race, creed, color, religion, sex, national origin, disability, age, veterans status, or marital status. Goodwill is a smoke free and drug free workplace participating in pre-employment and random screening programs. This application is for employment purposes only and is not a contract for employment.

OUR MISSION: Willing workers employed, community resources maximized.



## Authorization to Release Information

**Applicant:** Please complete only the release portion of this form above the line and return the entire form with your application.

I hereby authorize the release of information regarding my employment. I further release all persons, employers, and Goodwill from any and all liability of whatsoever resulting from the furnishing of such information.

Signature: \_\_\_\_\_ Last four digits of SS#: \_\_\_/\_\_\_/\_\_\_/\_\_\_ Date: \_\_\_\_\_

## Employment Verification

\_\_\_\_\_ has applied for a position as \_\_\_\_\_ with Goodwill and has listed you as an employer. Please complete this form and fax it to (402) 438-2167, mail it to 2100 Judson, Lincoln, NE 68521, or e-mail it to hr@lincolngoodwill.org. Thank you for your assistance.

<u>Evaluation of Work Performance</u>	<u>Superior</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Unable to Evaluate</u>
Quality of Work	_____	_____	_____	_____	_____
Quantity of Work	_____	_____	_____	_____	_____
Knowledge of Work	_____	_____	_____	_____	_____
Ability to Work with Others	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Reaction to Supervision	_____	_____	_____	_____	_____
Organizational Skills	_____	_____	_____	_____	_____
Attendance/Punctuality	_____	_____	_____	_____	_____
Participation in Professional Growth	_____	_____	_____	_____	_____

Dates of Employment: \_\_\_\_\_ If not correct, indicate correct dates: \_\_\_\_\_

Title of Position Held: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

If there were a position available with your company, would this person be eligible for rehire? YES \_\_\_\_\_ NO \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date

Signature & Title

Company



