

## GOODWILL INDUSTRES OF SOUTH TEXAS, INC.

An Equal Opportunity/Affirmative Action Employer.
Persons with disabilities are encouraged to apply.

<u>Applications must be complete for full consideration of employment.</u> Resumes will not be accepted in lieu of applications. A resume may be attached. However, all information requested in this application must be supplied.

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

|  |   | Т                               | ODAY'S DATE:             |               |  |  |
|--|---|---------------------------------|--------------------------|---------------|--|--|
| NAME:  |   |                                 |                          |               |  |  |
| ADDRESS:   |   |                                 |                          |               |  |  |
|  | Street  | City                            | State                    | Zip           |  |  |
| TELEPHONE(S): (  | )   | Primary Cell: (                 | )                        |               |  |  |
| E-Mail Address:  |   |                                 |                          |               |  |  |
| You must list the p  | LYING FOR: (please check or osition and location that you ar itted for these jobs are valid for                       | e applying for in order for yo  |                          | warded.       |  |  |
| POSITION:  |   | LOCATION:                       |                          |               |  |  |
| POSITION:  |   | LOCATION:                       |                          |               |  |  |
| POSITION:  |   | LOCATION:                       |                          |               |  |  |
| DATE AVAILABLE   | :   | SALARY PREF                     | FERENCE: \$              |               |  |  |
| REFERRED BY:   | Newspaper AD Name   | of Newspaper:                   | Sc                       | hool          |  |  |
|  | GoodwillSouthTexas.co   | m Other Website:                | Fr                       | iend/Relative |  |  |
|  | Employee Name of Go   | oodwill employee that referre   | d you:                   |               |  |  |
|  | Walk In   | Work In Texas                   | ] Job Fair               |               |  |  |
| Type of Employment<br>Are you currently em<br>Have you ever been ε |   | Full tin Yes Yes Yes            | ne                       |               |  |  |
| If yes, specify Do you have Relative                               | or location(s) and date(s):es employed by Goodwill?   | Yes                             | No                       |               |  |  |
|  | ork in the United States?   | Yes                             | □ No                     | )             |  |  |
| ackgrounds. However  | South Texas, Inc. is committed to<br>c, some positions at Goodwill can<br>ever been convicted of a crime, fe          | not be held by individuals with | particular criminal conv | ictions. Good |  |  |
| Have you been convi  | cted of a crime in the last 7 ye cted of a felony in the last 7 ye cted of a misdemeanor in the larged with a felony? | ears? Yes                       |                          | )<br>)        |  |  |

EMPLOYMENT HISTORY – Use additional paper as necessary
List all past employment during the last ten years beginning with the most recent. Explain a lapse in employment history on a separate sheet of paper.

| City: Dates Employed From: (Mo/Yr) To: Supervisor's Name: Final Rate of Pay: \$   | Employer                      |       |                        |                         |   |  |  |
|---|-------------------------------|-------|------------------------|-------------------------|---|--|--|
| City:   | Address:                      |       | Telephone:             |                         |   |  |  |
| Job Title:  Dates Employed From: (Mo/Yr) / To:  Supervisor's Name:  Duties:  Reason(s) for Leaving:  May we contact this employer?  |                               |       |                        | State: Zip:             |   |  |  |
| Supervisor's Name:  | Job Title:                    |       | Dates Employed From:   |                         |   |  |  |
| Duties:  Reason(s) for Leaving:  May we contact this employer?  Address:  Telephone:  State:  Zip: Job Title:  Dates Employed From: (Mo/Yr) / To: Supervisor's Name:  Duties:  Reason(s) for Leaving:  May we contact this employer?  May we contact this employer?  Prinal Rate of Pay: \$  No  Employer  Address:  City:  Dates Employed From: (Mo/Yr) / To: Supervisor's Name:  Duties:  Reason(s) for Leaving:  May we contact this employer?  Prinal Rate of Pay: \$  Duties:  Telephone:  Final Rate of Pay: \$  Duties:  Telephone:  Final Rate of Pay: \$  Duties:  Dates Employed From: (Mo/Yr) / To:  Supervisor's Name:  Duties:  Dates Employed From: (Mo/Yr) / To:  Final Rate of Pay: \$  Districtive:  Dates Employed From: (Mo/Yr) / To:  Supervisor's Name:  Dates Employed From: (Mo/Yr) / To:  Final Rate of Pay: \$  Districtive:  Dates Employed From: (Mo/Yr) / To:  Final Rate of Pay: \$  Final Rate of Pay: \$  Final Rate of Pay: \$  Final Rate of Pay: \$ |                               |       |                        |                         |   |  |  |
| Reason(s) for Leaving:  May we contact this employer?   |                               |       |                        |                         |   |  |  |
| Employer Address:   |                               |       |                        |                         |   |  |  |
| Employer Address: Telephone:  City: State: Zip: Job Title: Dates Employed From: (Mo/Yr) / To: Supervisor's Name: Final Rate of Pay: \$  Duties:  May we contact this employer? Yes No  Employer Address: Telephone: City: State: Zip: Job Title: Dates Employed From: (Mo/Yr) / To: Supervisor's Name: Dates Employed From: (Mo/Yr) / To: Supervisor's Name: Final Rate of Pay: \$  May we contact this employer? Yes No  Employer Address: Telephone: To: Supervisor's Name: No  Employer Address: Telephone: To: Supervisor's Name: No  Employer Address: Telephone: Telephone: No  Employer Address: Telephone: Telephone: No  Employer Address: Telephone: No  Employer Address: Telephone: No  Employer Address: Telephone: No  Employer Address: Telephone: No  Final Rate of Pay: \$  Dates Employed From: (Mo/Yr) / To: Supervisor's Name: Final Rate of Pay: \$  Duties: Final Rate of Pay: \$   | Reason(s) for Leaving:        |       |                        |                         |   |  |  |
| Address:  | May we contact this employer? | Yes   | □No                    |                         |   |  |  |
| Address:  | Employer_                     |       |                        |                         |   |  |  |
| City:   | Address:                      |       | Telephone:             | :                       |   |  |  |
| Supervisor's Name:  | City:                         |       |                        | State: Zin:             |   |  |  |
| Supervisor's Name:  | Ioh Title:                    |       | Dates Employed From:   | (Mo/Yr) / To:           | / |  |  |
| Duties:  Reason(s) for Leaving:  May we contact this employer?  Employer  Address:  City:  Dates Employed From: (Mo/Yr)  To:  Supervisor's Name:  Duties:   May we contact this employer?  Yes  No  Employer  Address:  City:  Dates Employed From: (Mo/Yr)  Final Rate of Pay: \$   Employer  Address:  City:  Dates Employed From: (Mo/Yr)  To:  Supervisor's Name:  Dates Employed From: (Mo/Yr)  Final Rate of Pay: \$  Dates Employed From: (Mo/Yr)  To:  Supervisor's Name:  Dates Employed From: (Mo/Yr)  Final Rate of Pay: \$  Duties:   | Supervisor's Name             |       | _ Dates Employed From. | Final Pate of Page \$   | / |  |  |
| May we contact this employer?  Employer   | Duties:                       |       |                        | _ 1 mai Rate of Fay. \$ |   |  |  |
| Employer  | Reason(s) for Leaving:        |       |                        |                         |   |  |  |
| Address: Telephone:  City: State: Zip: Job Title: Dates Employed From: (Mo/Yr) / To: Supervisor's Name: Final Rate of Pay: \$  Reason(s) for Leaving: No  Employer  | May we contact this employer? | Yes   | □ No                   |                         |   |  |  |
| City:   |                               |       |                        |                         |   |  |  |
| Job Title: Dates Employed From: (Mo/Yr) To: Supervisor's Name: Final Rate of Pay: \$ Duties: Bason(s) for Leaving: No  Employer Address: Telephone: State: Zip: Job Title: Dates Employed From: (Mo/Yr) To: Supervisor's Name: Final Rate of Pay: \$ Duties: Duties: State: State: State: State: State: State: Supervisor's Name: Final Rate of Pay: \$ Duties: State: State: State: State:   |                               |       |                        |                         |   |  |  |
| Job Title: Dates Employed From: (Mo/Yr) To: Supervisor's Name: Final Rate of Pay: \$  | City:                         |       |                        | State: Zip:             |   |  |  |
| Duties:  Reason(s) for Leaving:  May we contact this employer?  Yes  No  Employer  Address:  City:  State:  Job Title:  Dates Employed From: (Mo/Yr)  To:  Supervisor's Name:  Duties:  | Job Title:                    |       | _ Dates Employed From: | (Mo/Yr)To:              | / |  |  |
| Reason(s) for Leaving:  May we contact this employer?  Employer   |                               |       |                        | Final Rate of Pay: \$   |   |  |  |
| Employer  |                               |       |                        |                         |   |  |  |
| Address:  | May we contact this employer? | Yes   | □No                    |                         |   |  |  |
| Address:  | Employer                      |       |                        |                         |   |  |  |
| Job Title: Dates Employed From: (Mo/Yr)/ To: Supervisor's Name: Final Rate of Pay: \$ Duties:   | Address:                      |       | Telephone:             | <u> </u>                |   |  |  |
| Job Title: Dates Employed From: (Mo/Yr)/ To: Supervisor's Name: Final Rate of Pay: \$ Duties:   | City:                         | ·     | <del></del>            | State: Zip:             |   |  |  |
| Supervisor's Name: Final Rate of Pay: \$ Duties:  | Job Title:                    |       | _ Dates Employed From: |                         |   |  |  |
| Duties:   |                               |       |                        |                         |   |  |  |
| Reason(s) for Leaving   |                               |       |                        |                         |   |  |  |
| Toubon(b) for Bouring.  | Reason(s) for Leaving:        |       |                        |                         |   |  |  |
| May we contact this employer?   | May we contact this employer? | ☐ Yes | □No                    |                         |   |  |  |

# EDUCATIONAL BACKGROUND

| SCHOOL  | NAM        | E & ADDRESS of SCH      | IOOL       | Ι     | duation<br>Date<br>M/YY) | Type of Degree earned<br>Major/Minor<br>Or<br>Course of Study |
|---|------------|-------------------------|------------|-------|--------------------------|---|
| High School or<br>G.E.D   |            |                         |            |       |                          |   |
| Junior College/<br>Trade School   |            |                         |            |       |                          |   |
| University(ies)   |            |                         |            |       |                          |   |
| EMPLOYMENT REFERI   | ENCES      |                         |            |       |                          |   |
| MUST PROVIDE: Work-   | related, I | Educational, Or Profess | ional refe | rence | s ONLY                   |   |
| NAME OF INDIVIDUAL and Month/Year You worked together NAME OF ORGANIZATION TELEPHONE NUMBER(S)  AND JOB TITLE of individual |            |                         |            |       | PHONE NUMBER(S)          |   |
|   |            |                         |            |       |                          |   |
|   |            |                         |            |       |                          |   |
|   |            |                         |            |       |                          |   |
|   |            |                         |            |       |                          |   |
|   |            |                         |            |       |                          |   |
|   |            |                         |            |       |                          |   |
| SKILLS – Indicate those which apply to you  |            |                         |            |       |                          |   |
| Driver License# (when required by position): State: Class:  Do you speak, read or write a language other than English?      |            |                         |            |       |                          |   |
| Other certifications, professional designations, skills and training which qualify you for this position:                   |            |                         |            |       |                          |   |
| HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN?  If yes, please briefly explain:  |            |                         |            |       |                          |   |

| Day:   | 8 a.m. – 5 p.m. | Mornings Only | Mid Day Only | Evening Only | Available<br>Anytime |  |
|--|-----------------|---------------|--------------|--------------|----------------------|--|
| Sunday   |                 |               |              |              |                      |  |
| <b>Comments:</b>   |                 |               |              |              |                      |  |
| Monday   |                 |               |              |              |                      |  |
| Comments:  |                 | <del></del>   | <u> </u>     |              |                      |  |
| Tuesday  |                 |               |              |              |                      |  |
| <b>Comments:</b>   |                 |               |              |              |                      |  |
| Wednesday  |                 |               |              |              |                      |  |
| Comments:  |                 |               |              |              |                      |  |
| Thursday   |                 |               |              |              |                      |  |
| Comments:  |                 |               |              |              |                      |  |
| Friday   |                 |               |              |              |                      |  |
| Comments:  |                 |               |              |              |                      |  |
| Saturday   |                 |               |              |              |                      |  |
| Comments:  |                 | •             |              |              |                      |  |
| am considered for, status of my driver's license and my driving record. Further, I release from all liability all persons, companies, and corporations supplying such information. I further indemnify Goodwill Industries of South Texas against any liability which might result from making such investigations. When necessary for the position I am considered for, I understand that the status of my driver's license and my driving record may be investigated and I also understand that I may be asked to submit to an employment drug screen and breath alcohol test prior to my appointment to a position at Goodwill Industries of South Texas. I understand that such an appointment is contingent upon acceptable results of the driver's license investigation as well as the drug screen and breath alcohol test results. |                 |               |              |              |                      |  |
| Applicant's  | Signature       |               |              |              | Date                 |  |
| GOODWILL INDUSTRIES COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT. NOTIFY GOODWILL'S HUMAN RESOURCES DEPARTMENT SHOULD YOU REQUIRE SPECIAL ACCOMMODATIONS FOR EMPLOYMENT  AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER All Applications Are Submitted to the Human Resources Department Goodwill Industries of South Texas, Inc. 2961 South Port Avenue Corpus Christi, Texas 78405-2098 Telephone: (361) 884-4068 / Fax: (361) 884-4090 Email: achapa@goodwillsouthtexas.com Website: GoodwillSouthTexas.com  |                 |               |              |              |                      |  |
|  |                 | Only – DO NOT | WRITE BELOW  | THIS LINE    |                      |  |
| Application Status: Forwarded Date: Managers: Managers: Mot Forwarded  |                 |               |              |              |                      |  |

Rev. 9/30/15 TNL

#### Goodwill Industries of South Texas, Inc.

### **Employment Application Voluntary Self-Identification**

The following information is being gathered for record keeping in compliance with federal regulations. This information will be kept separate from your Employment Application. No employment decisions are made as a result of the information you provide on this form. Your responses are strictly voluntary and will help in developing and monitoring our Affirmative Action programs.

Information provided will be kept confidential except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and disabled individuals, and regarding necessary accommodations, (2) first aide and safety personnel may be informed when and to the extent appropriate, if the condition might require emergency treatment, and (3) government officials investigating compliance will be informed.

If you choose not to answer any of these questions, you will not be subject to adverse treatment. However, if you choose not to "self-identify", we are required under federal regulations to maintain race, sex, and disability information on the basis of visual observation or personal knowledge.

| Last Name:  | First Name:                                  | MI:      | Position(s) Applied for – | Location(s) - |  |  |  |
|---|--|----------|---------------------------|---------------|--|--|--|
|   |  |          |                           |               |  |  |  |
| Address:  |  |          |                           |               |  |  |  |
| Street  | City   |          | State                     | Zip           |  |  |  |
| Telephone: ( )  |  | Alte     | rnate Phone: ( )          |               |  |  |  |
| GENDER:   |  |          |                           |               |  |  |  |
| AGE 18 OR OLDED   | <b>K:</b><br>ans that you are of legal age t | to work. | ☐ Yes ☐ No                | )             |  |  |  |
|   | ins that you are or regar age.               | to work. |                           |               |  |  |  |
| <b>DATE OF BIRTH:</b>   |  |          |                           |               |  |  |  |
| ETHNIC GROUP: (Check One)   |  |          |                           |               |  |  |  |
| <ul> <li>□ WHITE (persons who have origins in any of the original peoples of Europe, N. Africa, or Middle East)</li> <li>□ BLACK (Persons who have origins in any of the black racial groups of Africa)</li> <li>□ HISPANIC (Persons of Mexican, Puerto Rican, Cuban, Central of S. American, or other Spanish culture or origin regardless of race)</li> <li>□ ASIAN/PACIFIC ISLANDER (Persons who have origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or Pacific Islands)</li> <li>□ AMERICAN INDIAN/ALASKA NATIVE (Persons who have origins in any of the original peoples of N. America, and who maintain tribal affiliation, affirmation or community recognition)</li> </ul> |  |          |                           |               |  |  |  |
| ELIGIBLE TO WORK IN THE UNITED STATES: Yes No Eligible to work in the U.S. means that you can upon employment, submit verification of your legal right to work in the U.S.  |  |          |                           |               |  |  |  |
| PROTECTED VETERAN:  A Protected Veteran means a veteran who is protected under the nondiscrimination and affirmative action provisions of the Vietnam Veterans' Readjustment Assistance Act, 38 U.S.C. 4212; specifically a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran, or recently separated veteran.   |  |          |                           |               |  |  |  |
| Applicants Signature:   |  |          | Date:                     |               |  |  |  |