



GOODWILL INDUSTRIES OF SOUTH TEXAS, INC.

An Equal Opportunity/Affirmative Action Employer.

Persons with disabilities are encouraged to apply.

Applications must be complete for full consideration of employment. 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)

TODAY'S DATE: _____

NAME: _____

ADDRESS: _____
Street City State Zip

TELEPHONE(S): () _____ Primary Cell: () _____

E-Mail Address: _____

POSITION APPLYING FOR: (please check our Job Vacancy listing for current job posting(s)
You must list the position and location that you are applying for in order for your application to be forwarded.
Applications submitted for these jobs are valid for one year.

POSITION: _____ **LOCATION:** _____

POSITION: _____ **LOCATION:** _____

POSITION: _____ **LOCATION:** _____

DATE AVAILABLE: _____ SALARY PREFERENCE: \$ _____

REFERRED BY: Newspaper AD Name of Newspaper: _____ School

GoodwillSouthTexas.com Other Website: _____ Friend/Relative

Employee Name of Goodwill employee that referred you: _____

Walk In Work In Texas Job Fair

Type of Employment: Full time Part time

Are you currently employed? Yes No

Have you ever been employed by Goodwill? Yes No
 If yes, specify location(s) and date(s): _____

Do you have Relatives employed by Goodwill? Yes No
 Name of Relative: _____

Are you eligible to work in the United States? Yes No

Goodwill Industries of South Texas, Inc. is committed to hiring and supporting the employment of individuals with criminal backgrounds. However, some positions at Goodwill cannot be held by individuals with particular criminal convictions. Goodwill asks whether you have ever been convicted of a crime, felony, or misdemeanor, or whether you are presently charged with a felony.

Have you been convicted of a crime in the last 7 years? Yes No

Have you been convicted of a felony in the last 7 years? Yes No

Have you been convicted of a misdemeanor in the last 7 years? Yes No

Are you presently charged with a felony? Yes No

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.

Employer _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____
Job Title: _____ Dates Employed From: (Mo/Yr) ____/____/____ To: ____/____/____
Supervisor's Name: _____ Final Rate of Pay: \$ _____
Duties: _____

Reason(s) for Leaving: _____

May we contact this employer? Yes No

Employer _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____
Job Title: _____ Dates Employed From: (Mo/Yr) ____/____/____ To: ____/____/____
Supervisor's Name: _____ Final Rate of Pay: \$ _____
Duties: _____

Reason(s) for Leaving: _____

May we contact this employer? Yes No

Employer _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____
Job Title: _____ Dates Employed From: (Mo/Yr) ____/____/____ To: ____/____/____
Supervisor's Name: _____ Final Rate of Pay: \$ _____
Duties: _____

Reason(s) for Leaving: _____

May we contact this employer? Yes No

Employer _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____
Job Title: _____ Dates Employed From: (Mo/Yr) ____/____/____ To: ____/____/____
Supervisor's Name: _____ Final Rate of Pay: \$ _____
Duties: _____

Reason(s) for Leaving: _____

May we contact this employer? Yes No

EDUCATIONAL BACKGROUND

SCHOOL	NAME & ADDRESS of SCHOOL	Graduation Date (MM/YY)	Type of Degree earned Major/Minor Or Course of Study
High School or G.E.D			
Junior College/ Trade School			
University(ies)			

EMPLOYMENT REFERENCES

MUST PROVIDE: Work-related, Educational, Or Professional references ONLY

NAME OF INDIVIDUAL and Month/Year You worked together	NAME OF ORGANIZATION AND JOB TITLE of individual	TELEPHONE 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? Yes No

If yes, which language(s): _____

Typing Speed: _____ WPM Computer Skills/Business Machines: _____

Other certifications, professional designations, skills and training which qualify you for this position:

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN? Yes No

If yes, please briefly explain: _____

Day:	8 a.m. – 5 p.m.	Mornings Only	Mid Day Only	Evening Only	Available Anytime
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

I understand that any misrepresentations, false answers, statements or implications made by me in this application or other documents I submit for consideration as an applicant for employment shall be sufficient for denial of initial employment or continued employment. By my signature below, I hereby give Goodwill Industries of South Texas the right to thoroughly investigate my past employment, education, activities and when necessary for the position I 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

For HR Use Only – DO NOT WRITE BELOW THIS LINE

Application Status:

- Forwarded
 Not Forwarded

Date: _____

Managers: _____

Voluntary Self Identification Form

In order to fulfill our reporting obligations, we request your voluntary completion of the information below. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact upon your consideration for employment. If you do not self-identify, identification will be made by visual or other judgmental factors pursuant to your affirmative action reporting requirements. The information will not be maintained with your application, or if hired, your personnel file.

Name:	POSITION APPLIED FOR:	DATE:
How did you hear of our opening (Ad, Recruiter, Other)?	CITIZENSHIP Are you a United States Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
	Do you have citizenship in any other country? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Ethnicity
 Hispanic/Latino A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race
 Not Hispanic/Latino

RACE	Race Identification
White (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Europe, the Middle East, or North America
Black or African American (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the Black racial groups of Africa
Native-Hawaiian or other Pacific Islander (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
Asian (not Hispanic or Latino)	<input type="checkbox"/> 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 Viet Nam.
American Indian or Alaska Native (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> All persons who identify with more than one of the above five races.

VETERAN STATUS
 Using the definitions in the following attachment, please check the box or boxes below to identify yourself in as many covered veterans categories as apply.

YES NO Disabled Veteran

YES NO Active Wartime or Campaign Badge Veteran

YES NO Three – Year Recently Separated Veteran (Enter Discharge or Release Date: _____)

YES NO Armed Forces Service Medal Veteran

DISABILITY
 A “disabled individual” means any person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, has a record of such impairment, or is regarded as having such impairment.

Using the definition as stated above, please check the box below to identify yourself as a disabled individual.

YES NO

Non-Participation: I have read the above statement and I have chosen not to complete this form. Please check box if applicable.

Signature _____

Date _____

Disabled and Veteran Self-Identification Questionnaire

This Company is a federal contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans Readjustment Act of 1974 (VEVRAA), as amended. Section 503 prohibits job discrimination because of disability by employers holding federal contracts or subcontracts and requires such employers to take affirmative action to employ and advance in employment qualified individuals with disabilities who, with or without reasonable accommodation, can perform the essential functions of a job. VEVRAA requires government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans and qualified disabled veterans, veterans of the Vietnam era, other protected veterans, one-year recently separated veterans, three-year recently separated veterans, and Armed Forces service medal veterans. This invitation to self-identify refers to such veterans as “covered veterans”.

If you have a disability or are a covered veteran and would like to participate in our affirmative action program, please complete the form below or contact your local HR/EEO Representative. Our affirmative action program contains policies and procedures that assure compliance with our Section 503 and VEVRAA obligations. You may inform us of your desire to benefit under the affirmative action program now or at any time in the future. **Whether you choose to so identify is voluntary on your part.**

This employer also is subject to the Americans with Disabilities Act (ADA). Consistent with the ADA, this employer’s policy is to provide reasonable accommodations to any individual with a disability who needs such an accommodation to complete the job application process or to perform the job in question. If you need such an accommodation, you may request it at any time by contacting your local HR/EEO Representative or your supervisor. Making a request for an accommodation will not subject you to any adverse treatment.

Disclosure of your status as an individual with a disability or covered veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment. Information you submit concerning your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities or special disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act, VEVRAA, and the ADA.

Definitions:

Disabled Veteran means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Active Wartime or Campaign Badge Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Three-Year Recently Separated Veteran means a veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61Fed Reg 1209).