

PLEASE TELL US ABOUT YOURSELF

Last Name	First Name	MI	Preferred Name
Current Address		City	State Zip
Telephone (Home) ()		Telephone (Cell) ()	

WHAT POSITION(S) ARE YOU APPLYING FOR AT GOODWILL?

<input type="checkbox"/> Supervisor / Asst Store Mgr	<input type="checkbox"/> Full Time	Desired Wage/Salary	<input type="checkbox"/> Per Hour
<input type="checkbox"/> Sales Associate	<input type="checkbox"/> Part Time	\$ _____	<input type="checkbox"/> Annually
<input type="checkbox"/> Donation Attendant	How did you find out about Goodwill? _____		
<input type="checkbox"/> Textile Processor	_____		
<input type="checkbox"/> Wares Processor	_____		
<input type="checkbox"/> Warehouse / Driver	_____		
<input type="checkbox"/> Other	_____		

Availability*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

WHAT SCHOOLS HAVE YOU ATTENDED?

	Name, City, State	Dates		Diploma or Degree Received
		From	To	
High School		Do Not Answer	Do Not Answer	
College				
Other				

WORK HISTORY

Company and Address		If currently employed, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone	Supervisor's Name	
Dates Worked	Last Salary / Wage \$ _____ <input type="checkbox"/> Hourly	
What Did You Do?	<input type="checkbox"/> Annually	
Why Did You Leave?		

Company and Address		If currently employed, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone	Supervisor's Name	
Dates Worked	Last Salary / Wage \$ _____ <input type="checkbox"/> Hourly	
What Did You Do?	<input type="checkbox"/> Annually	
Why Did You Leave?		

WORK HISTORY (continued)

Company and Address		If currently employed, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone	Supervisor's Name	
Dates Worked	Last Salary / Wage \$ _____	<input type="checkbox"/> Hourly
What Did You Do?		<input type="checkbox"/> Annually
Why Did You Leave?		

MISCELLANEOUS INFORMATION

Do you have reliable transportation to get to work? Yes No If hired, when could you begin work? _____

If hired, can you show proof of your legal right to work in the United States? Yes No

License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills. _____

Goodwill Industries is a drug free environment. Part of our drug policy is pre-employment drug screening.
Do you have any objection to a pre-employment drug screen? Yes No

REFERENCES List two school or work references we may contact. Do not list family members.

Name	Relationship to You	How Long Have You Known This Person?	Type of Reference (School, Work or Personal)	Telephone
				Home ()
				Work ()
				Home ()
				Work ()

CERTIFICATION

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification or information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of Goodwill Industries of Northern Illinois. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize Goodwill Industries to rely upon and use, as it sees fit, any information received from such contacts.

Date _____ Applicant Signature _____

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling Goodwill Industries.

Goodwill Industries of Northern Illinois and Wisconsin Stateline Area, Inc.
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