



# Goodwill Industries-Knoxville, Inc. Application For Employment

GWIK 4-02

5307 Kingston Pike, P.O. Box 11066  
Knoxville, TN 37919  
Phone (865)588-8567 Fax (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 #: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

(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* \_\_\_\_\_

*(Such conviction may be relevant if job related, but does not necessarily bar you from employment.) If yes, please explain:* \_\_\_\_\_

Driver's license number & state (if job-related): \_\_\_\_\_

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	
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May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later (check answer)	\$ Per	
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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  
 Reviewed 11/19; Revised 12/18; Reviewed 11/17; Reviewed 11/16; Reviewed 11/15; Revised 12/14; Reviewed 12/13; Reviewed 12/12; Revised 12/11; Reviewed 11/10; Revised 10/09; Revised 9/08; Reviewed 11/07;

\_\_\_\_\_  
 Date

**VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY INFORMATION REQUEST**

As a government contractor, **Goodwill Industries—Knoxville, Inc.** is subject to Executive Orders 11246 and 12985, as amended; Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974; Section 503 and 504 of the Rehabilitation Act of 1973; the Americans With Disabilities Act of 1990; and the Civil Rights Act of 1991.

We request your **voluntary** completion of the following questionnaire to be used **ONLY** for the purpose of monitoring the success of our affirmative action plan. This information will not be used to discriminate against or show preference for any applicant in the hiring decision. Your immediate attention is requested. **This information will be required upon employment.**

NAME \_\_\_\_\_ GENDER \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SS# \_\_\_\_\_

U. S. CITIZENSHIP:  YES  NO OTHER \_\_\_\_\_ VISA CLASSIFICATION \_\_\_\_\_ Country \_\_\_\_\_

**ETHNIC DATA**

- Hispanic or Latino**— a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- White**—Non-Hispanic or Latino.
- Black or African American**— Non-Hispanic or Latino.
- Asian (Non-Hispanic or Latino)**—A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent (examples: Cambodia, China, India, Japan, Korea, Pakistan, The Philippines, Thailand, Vietnam)
- Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaskan Native (Non-Hispanic or Latino)**—A person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.
- Two or More Races**— All persons who identify with more than one of the above five Non-Hispanic or Latino races.

**VETERANS DATA** Are you a Veteran?  Yes  No If yes, please check one of the categories below:

\_\_\_\_\_ **Special Disabled Veteran** is a person who is entitled to compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more; or, rated at 10 or 20 percent, if it has been determined that the individual has a serious employment disability; or, a person who was discharged or released from active duty because of a service-connected disability.

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

\_\_\_\_\_ **Recently Separated Veteran--** any veteran who served on active duty during the three-year period beginning on the date of such veteran's discharge or release from active duty.

\_\_\_\_\_ **Other Protected Veteran--** any other 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.

\_\_\_\_\_ **Armed Forces Service Medal Veteran--** 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 (61 Fed. Reg. 1209).

**REFERRAL SOURCE**

- Walk-in
- Employee
- Advertisement-Source \_\_\_\_\_
- Government Employment Agency
- Relative
- Private Employment Agency
- School
- Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Staff Member

\_\_\_\_\_  
Date

Voluntary Self-Identification of Disability

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson’s disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don’t Have A Disability, Or A History/Record Of Having A Disability
- I Don’t Wish To Answer

**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.

**For Employer Use Only**

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_