

EMPLOYMENT APPLICATION

GOODWILL INDUSTRIES-BIG BEND, INC.
 300 Mabry Street Tallahassee, FL 32304
 Phone: (850) 576-7145 Fax: (850) 576-0165



FAILURE TO COMPLETE ALL SECTIONS OF THIS APPLICATION MAY DISQUALIFY AN APPLICANT FROM CONSIDERATION.

Goodwill is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, age, gender, religion, disability, nationality, veteran status or any other status protected under local, state or federal law. Consistent with the Americans with Disabilities Act, applicants who need an accommodation to participate in the application process should request one when submitting this application. Goodwill Industries – Big Bend, Inc, is a drug-free workplace.

Date of Application: _____ Position Desired: _____
This application is good for 90 days only. Consideration for employment after 90 days requires a new application.

PERSONAL INFORMATION: (Please type or print)

Full Name: _____ Are you at least 16 years of age? Yes No

Current Address: _____

Telephone: _____ Alternate Phone: _____

Are you legally permitted to work in the U.S.? Yes No *(proof of eligibility to work in the U.S. must be presented upon hire)*

Wage expected: _____ Date Available for Work: _____

Have you ever been convicted of, pled no contest; had adjudication withheld or required to register with any state or government agency for any crime other than a minor traffic offense?

Yes No If yes, explain: _____

Applicants who fail to respond to this question will not be considered for employment. (A conviction will not necessarily automatically disqualify you from employment. Such factors as position applied for, date of conviction, seriousness and nature of the crime and rehabilitation will be considered.)

Have you been previously employed by Goodwill? Yes No When/Where? _____

Do you have relatives or friends employed at Goodwill? Yes No Name: _____

How were you referred to Goodwill? Newspaper Friend/Relative Walk-in Other _____

Can you perform the essential functions of the position for which you are applying? Yes No If No, please explain: _____

If you have any questions as to what functions are required for this position, please ask the interviewer before answering this question.

Do you have dependable transportation? Yes No

Preferred Work Location (s): _____

Would you like to be forwarded to one of our Employment Specialists that can help you in your job search should you not be hired for the position to which you are applying for? Yes No

SCHEDULE AVAILABILITY:

- I am available to work FULL-TIME (30-40 hours per week)
- I am available and desire to work PART-TIME (less than 30 hours per week)
- I am only available for PART-TIME because: ___ Student ___ Other Job ___ Other (explain): _____

Hours Available	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From - To							

Note: Work schedules are based upon the needs of the business and are subject to change on a weekly basis.

Are you applying for a position which requires driving? Yes No **IF NO, SKIP THIS PAGE AND PLEASE CONTINUE TO PAGE 3.**

List all drivers licenses held in the past three years (include multiple licenses if you have them:

Operator License Number	State	Type	Expiration Date

Have you been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

Have you ever been disqualified subject 391 of the FMCSRs±? Yes No

Have you ever failed or refused a pre-employment drug or alcohol test at a company where you never took employment?

Yes No

If yes, please provide proof that you have successfully completed the return-to-duty process as described in 382.309 of the FMCR.

If the answer to any of these questions is yes, attach a statement giving details.

Driver Experience

Class of Equipment	From	To	Have you Ever Driven in:	How Long	Miles Operated
Straight Truck			<input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Ice		
Tractor and Semi-Trailer			<input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Ice		
Tractor-Two Trailers			<input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Ice		
Tanker			<input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Ice		
Auto Carrier			<input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Ice		
Refrigerated Equipment			<input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Ice		
Other			<input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Ice		

List geographic areas operated in for last 3 years. _____

Show special courses or training that will help you as a driver. _____

Which safe driving awards do you hold and from whom? _____

Accident Review for the Past 3 Years. Attach additional sheet if more space is needed

Date	Nature of Accident (Head-on, Rear-end, Upset. Etc)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past Three Years (Other than Parking Violations). Attach additional sheet if more space is needed.

Location (State)	Date	Charge	Penalty

±The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous material in any quantity requiring placarding.

EDUCATION INFORMATION:

Do you have a high school diploma or GED? Yes No

Additional Education	Name	Location	Years Completed	Degree Received

EMPLOYMENT HISTORY: *(Please complete this section in full, even if attaching a resume)*

Are you currently employed? Yes No If Yes, may we contact your current employer? Yes No

Please provide all employment for the previous 10 years, begin with most current position (attach additional sheets if necessary):

FROM: _____ TO: _____ Position: _____ Final Salary: _____

Employer's Name/Address/Phone: _____

Reason for Leaving: _____ Are you eligible for re-hire? Yes No

FROM: _____ TO: _____ Position: _____ Final Salary: _____

Employer's Name/Address/Phone: _____

Reason for Leaving: _____ Are you eligible for re-hire? Yes No

FROM: _____ TO: _____ Position: _____ Final Salary: _____

Employer's Name/Address/Phone: _____

Reason for Leaving: _____ Are you eligible for re-hire? Yes No

FROM: _____ TO: _____ Position: _____ Final Salary: _____

Employer's Name/Address/Phone: _____

Reason for Leaving: _____ Are you eligible for re-hire? Yes No

Have you ever been fired or asked to resign from a job? Yes No If yes, explain: _____

REFERENCES:

Provide 3 references (include phone numbers) of people who can speak for your character and work ethic. *(No relatives please)*

- 1) _____
- 2) _____
- 3) _____

AUTHORIZATION AND AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING): I certify that the answers given by me are true, accurate and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application (or any other accompanying or required documents) will be sufficient reason to deny employment, rescind an offer or immediately terminate employment, regardless of when or how discovered. I understand that any offer extended will be conditional upon reference and background checks and a pre-employment drug test. I authorize the Company to thoroughly investigate all statements contained in my application and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above any and all claimed demands or liabilities arising out of or related to such investigation or disclosure. I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, I agree to abide by all of the company rules and regulations and understand that, if employed, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless in writing and signed by the President/CEO. If accepted for employment, I further give my permission for Goodwill to use my likeness and/or photograph in advertisements and marketing materials without an expectation of payment or royalty.

Applicant's Signature: _____ Date: _____

Unsigned, incomplete applications will not be accepted for consideration.

Affirmative Action Program Applicant Information Form - Voluntary

Goodwill Industries – Big Bend, Inc. is an Equal Opportunity Employer. We are a company that values diversity. We actively encourage women, minorities and veterans to apply. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era, or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name	Date ____/____/____
Position applied for	

I prefer not to participate in this survey.

Section 2: Please check all that apply (See next page for definitions)

Race or Ethnic Identity <input type="checkbox"/> American Indian or Alaskan – All persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment. <input type="checkbox"/> Asian – All persons having origins in any of the original people 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 Vietnam. <input type="checkbox"/> Native Hawaiian or Pacific Islander – All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> Black or African American – All persons having origins in any of the Black racial groups of Africa. <input type="checkbox"/> White – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. <input type="checkbox"/> Hispanic or Latino – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. <i>(If yes, please select one of the following:)</i> <input type="checkbox"/> Hispanic (White race only) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race. <input type="checkbox"/> Hispanic (All other races) – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin and of any race other than White. <input type="checkbox"/> Two or more races (not Hispanic or Latino) –	**Veteran Status <input type="checkbox"/> Vietnam Era Veteran – Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975. <input type="checkbox"/> Special Disabled Veteran - <input type="checkbox"/> Other Eligible Veteran – Defined as any veteran who served in a “war” declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

How did you hear of our opening? <input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> Referral from Current Employee (Name: _____) <input type="checkbox"/> Other - Explain: _____
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Attn Manager: This Form Must Be Separated From The Completed Application And Forwarded To HR Regardless Of Hiring Decision.