

Employment History

Please fill in completely beginning with current or most recent employer. DO NOT ENTER "SEE RESUME"

1 Employer:		From:	To:
Address:		Position:	
City:	State:	Zip:	Supervisor:
Describe your work duties:		Tel #: ()	
		Starting Pay:	
Reason for leaving:		Ending Pay:	
2 Employer:		From:	To:
Address:		Position:	
City:	State:	Zip:	Supervisor:
Describe your work duties:		Tel #: ()	
		Starting Pay:	
Reason for leaving:		Ending Pay:	
3 Employer:		From:	To:
Address:		Position:	
City:	State:	Zip:	Supervisor:
Describe your work duties:		Tel #: ()	
		Starting Pay:	
Reason for leaving:		Ending Pay:	

Applicant Statement ~

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I understand that this application will be given due consideration, but its receipt does not imply that I will be employed by Goodwill Industries of Northern Arizona or its affiliates. This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary, and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's President/CEO.

I expressly authorize, without reservation, Goodwill Industries of Northern Arizona, or its representatives, employees, or agents to contact and obtain information from all references (personal and professional), public agencies, licensing authorities, and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume, employee orientation, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without prior notice, and Goodwill Industries of Northern Arizona, its affiliates and/or representatives reserve the same right to terminate my employment at any time, with or without cause, and without prior notice, except as may be required by law.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration law requires me to complete an I-9 form in this regard.

Goodwill Industries of Northern Arizona is a DRUG-FREE WORKPLACE ENVIRONMENT, and I have signed a consent form to submit to drug testing. I understand that my failure to comply with this agreement will be grounds for my immediate termination.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature _____ Printed Name _____ Date ____ / ____ / ____

Applicant Data

Name	DATE OF BIRTH: ____ / ____ / ____
Last	First
M.I.	
Position applied for:	
Referral source:	
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Employment Agency – List:
<input type="checkbox"/> Newspaper /Publication- List:	
<input type="checkbox"/> Internet Site - List:	
<input type="checkbox"/> Other - List:	
<input type="checkbox"/> Friend/Relative – Name:	<input type="checkbox"/> GINA Employee – Name:

AFFIRMATIVE ACTION SURVEY

*Government agencies require periodic reports on applicant sex, ethnicity, disability and veteran status .
This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.*

(Retained in file separate from employment application)

Check one: Male Female

Check one of the following:

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White or Caucasian (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) – 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 Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Check any of the following, as applicable:

- Disabled Individual
- Veteran
- Non-Veteran
- Vietnam Era Veteran
- Disabled Veteran

I choose not to disclose this information