**GWIK 4-02** 



## Goodwill Industries-Knoxville, Inc. Application For Employment

5307 Kingston Pike, P.O. Box 11066 Knoxville, TN 37919 (865)588-8567 (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 Vietnamera 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 u PLEASE PRINT	s?:			
Name:				
Last	First	Middle		
Address:				
Street	City	State Zip Code		
Telephone Number: () (Will not accept application without	ut a valid contact number)	Social Security Number: XXX - XX -		
Are you at least 18 years of a	ge? Yes No	Have you even been employed here? Yes N	О	
	mployment in this country? Yes gration status will be required upon employment	No Date available for work //	_	
Do you have any relatives/fri	ends who work for GWIK?	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?	No.	
Please list any days or hours	you are <b>available</b> to work:			
Did you serve in the U. S. Ar. What branch?		Have you ever been convicted of a felony? Yes  Date  (Such conviction may be relevant if job related, but does not	□No	
Driver's license number & sta	ate (if job-related):			
Highest Education Attained:				
Name of School	Years Completed Degree/Diplom	<del>a</del>		
References List name and telephone number of	f three references who are not related to you. Mis	representation of references will result in automatic dismissal of your application.		
Name	Relationship	Phone Number Years Known		
	1			
	+			

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 Dates Employed Summarize the nature of the work performed and job responsibilities From To Address Job Title Hourly Rate/Salary Starting Immediate Supervisor and Title Per Reason for Leaving Hourly Rate/Salary Final \$ Per May we contact for reference? Yes No Later (check answer) Employer Telephone Dates Employed Summarize the nature of the work performed ) From and job responsibilities Address Job Title Hourly Rate/Salary Starting Immediate Supervisor and Title Per Reason for Leaving Hourly Rate/Salary Final \$ Per May we contact for reference? (check answer) Employer Telephone Summarize the nature of the work performed **Dates Employed** From and job responsibilities Address Job Title Hourly Rate/Salary Starting Immediate Supervisor and Title Hourly Rate/Salary Reason for Leaving Final \$ Per May we contact for reference? (check answer) 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:

#### **VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY INFORMATION REQUEST**

As a government contractor, <u>Goodwill Industries—Knoxville, Inc.</u> 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.

UVI⊏	is requested. This information will be required upon		: □ M	ALE	□ FEMALE	
BIRTH DATEU. S. CITIZENSHIP: DYES DINO OTHER		SS#	SS#			
		VISA CLASS	FICATION			
HNIC	DATA					Country
	□ <b>Hispanic or Latino</b> — a person of Mexican,	Puerto Rican, Cubar	, Central o	r Sout	h American or o	ther Spanish culture or
	origin, regardless of race.					•
<ul> <li>White—Non-Hispanic or Latino.</li> </ul>						
	□ Black or African American— Non-Hispanio					
	<ul> <li>Asian (Non-Hispanic or Latino)—A person the Indian subcontinent (examples: Camboo Vietnam)</li> </ul>					
	<ul> <li>Native Hawaiian or Other Pacific Islander peoples of Hawaii, Guam, Samoa, or other F</li> </ul>		tino) - A p	erson	having origins ir	n any of the original
	<ul> <li>American Indian or Alaskan Native (Non-F</li> </ul>	Hispanic or Latino)-				
	North and South America (including Central A <b>Two or More Races—</b> All persons who iden					
TERA	ANS DATA Are you a Veteran? 🗆 Yes	s □ No If yes, pl	ease chec	k one	of the categori	es below:
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Reviewed 10/17; Reviewed 11/16; Reviewed 10/15; Reviewed 11/14; Revised 11/13; Reviewed 11/12; Revised 11/12; Revised 11/12; Reviewed 11/12; Reviewed 11/10; Reviewed 11/08; Reviewed 11/08; Reviewed 11/07

Date

Signature of Applicant/Staff Member

#### **Voluntary Self-Identification of Disability**

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020 Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

#### How do I know if I 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:

- Cancer
- Diabetes
- Epilepsy
- Blindness
   Autism
- Deafness
   Cerebral palsy
  - HIV/AIDS
  - Schizophrenia
  - Muscular dystrophy
- Bipolar disorder
  - Major depression
  - Multiple sclerosis (MS)
  - Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Р	lease	check	one	of the	hoves	below.
	15055	CHECK	CH IC:	OI LIIG	LILLIAN CO.	LICILIAN

YES, I HAVE A DISABILITY (or previously	y had a disabi	lity)	
NO, I DON'T HAVE A DISABILITY			
I DON'T WISH TO ANSWER			
Your Name	_	Today's Date	
		-	

### **Voluntary Self-Identification of Disability**

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020 Page 2 of 2

#### **Reasonable Accommodation Notice**

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at <a href="www.dol.gov/ofccp">www.dol.gov/ofccp</a>.

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.

# 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.#: <u>XXX</u> - <u>XX</u> -
Applicant:	
Signature	////

Reviewed 11/17; Initial: 6/17