

**GOODWILL INDUSTRIES OF CENTRAL IOWA**

[www.dmgoodwill.org](http://www.dmgoodwill.org)

4900 N.E. 22<sup>nd</sup> St.

Des Moines, IA 50313

*Serving Individuals with Barriers to Independence*

**APPLICATION FOR EMPLOYMENT**

\_\_\_\_\_ Dept #  
For Employer use:

**NAME/ADDRESS**

Please print and complete form. Goodwill Industries of Central Iowa is an equal opportunity employer. Information provided will not be used to discriminate on the basis of race, color, religion, sex, marital status, age, physical or mental disability, national origin, sexual orientation, gender orientation, or Veteran's status. Job Descriptions are available for your review to assist with your completion of the application. This application is valid only if fully completed, signed and dated. We accept applications for positions currently open and the applications will be kept active for 6 months. A new application must be submitted when applying for a new or different position.

Name (Last, First, Middle) :		Name called by	Permanent home phone:	
Street address			Message No. or Cell Phone No.:	
City	State	Zip	E-mail address:	
Are you eligible to work in the U.S.?	<input type="checkbox"/>	Ye s	<input type="checkbox"/>	No
				Date application completed:

**OCCUPATION**

Please circle appropriate employment preference 1. Full Time 2. Part Time 3. Temporary (Seasonal) 4. Other

Please List The Positions/Jobs You Are Applying for:

If you are under 18, can you furnish a work permit?.....  Yes  No

Have you ever filed an application here before?.....  Yes  No

If yes, give date..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please list any current Goodwill Employees you know \_\_\_\_\_

Have you ever been employed here before?.....  Yes  No

If yes, give dates.....From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

When will you be available to work? \_\_\_\_\_

Will you work overtime if required?.....  Yes  No

Can you work weekends?.....  Yes  No

If required by the employer, will you undergo post-employment physical?.....  Yes  No

Have you ever been bonded?.....  Yes  No

Are you currently on "lay-off" status and subject to recall?.....  Yes  No

Have you ever been convicted of a crime, other than a minor traffic violation in this state or any other state?  Yes  No  
(Conviction will not necessarily disqualify an applicant. It is considered only in relation to the position for which you are applying. The circumstances of the conviction, including seriousness and nature, and time elapsed will be taken into account.)

If yes, please explain: \_\_\_\_\_

Do you have a record of founded dependent adult or child abuse or are you registered as a sexual offender in this state or any other?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been discharged from any position?.....  Yes  No

If yes, please explain: \_\_\_\_\_

WORK EXPERIENCE					
List previous employment starting with most recent position.				May we contact this employer?	
				Yes	No
Firm Name					
Address		City	State	Zip	Phone ( )
Immediate Supervisor		Title		Phone ( )	
Your Position Title	Date Started	Date Left	Beginning Wage		Last Wage
Reason for Leaving					
Explain Duties of the Position:					

				May we contact this employer?	
				Yes	No
Firm Name					
Address		City	State	Zip	Phone ( )
Immediate Supervisor		Title		Phone ( )	
Your Position Title	Date Started	Date Left	Beginning Wage		Last Wage
Reason for Leaving					
Explain Duties of the Position:					

				May we contact this employer?	
				Yes	No
Firm Name					
Address		City	State	Zip	Phone ( )
Immediate Supervisor		Title		Phone ( )	
Your Position Title	Date Started	Date Left	Beginning Wage		Last Wage
Reason for Leaving					
Explain Duties of the Position:					

				May we contact this employer?	
				Yes	No
Firm Name					
Address		City	State	Zip	Phone ( )
Immediate Supervisor		Title		Phone ( )	
Your Position Title	Date Started	Date Left	Beginning Wage		Last Wage
Reason for Leaving					
Explain Duties of the Position:					

SKILLS/TRAINING/MEMBERSHIPS/ESSENTIAL FUNCTIONS			
Language Skills			
Other Job-Related Skills or Training (Including Military)			
Professional Licenses/Memberships/Organizations			
Are you able to perform the essential functions of the job? (Ask for a Job Description if needed to complete this item.)			
REFERENCES			
Name	Address	Phone	Occupational Relationship

EDUCATION								
Type of School	Name and location of School	Major Subjects	Minor Subjects	Circle No. of years completed	No. of credit hrs. completed		Graduate Y/N	Degree Received (type)
					qrt hr	se hr		
High School				1 2 3 4				
College				1 2 3 4				
College				1 2 3 4				
Other				1 2 3 4				
Graduate								
Activities, Honors, Offices held								
Continuing Education/Seminars								

**DRIVER INFORMATION**

**Most positions may require driving either directly or indirectly as part of the job.  
Please fill out the following information.**

DRIVER'S LICENSE NO.	ISSUING STATE	CLASS	EXPIRATION DATE
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Do you have proof of current insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any license, permit or privilege ever been suspended, revoked or denied? If yes, explain: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CLASS/TYPE OF EQUIPMENT DRIVEN	DATES FROM	TO	APPROX NO OF MILES (TOTAL)
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Safe driving awards: \_\_\_\_\_

Accident record for past 3 years or more (attach sheet if more space is needed):

DATE	NATURE OF ACCIDENT
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Traffic convictions and forfeitures for the past 3 years (other than parking violations):

LOCATION	DATE	CHARGE	PENALTY
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Have you ever been known by any other name(s) which this firm will require to verify any of the information in this application? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please give the name(s) and identify the related school, employer, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that the information in this application (and accompanying resume, if any) is true and correct. I understand that any false information or significant omission given in the application materials or at any point in the application or hiring process may disqualify me from further consideration for employment and if hired, may be grounds for dismissal at any time.

I give Goodwill Industries of Central Iowa permission to investigate my background, including, but not limited to past employment and activities, and background checks, and I release from all liability all persons, companies, and corporations supplying such information. I indemnify Goodwill Industries of Central Iowa against any liability, which might result from making such an investigation.

I give Goodwill Industries of Central Iowa permission to conduct reference checks, criminal background checks, dependent adult abuse records checks, and child abuse record checks. I understand that consideration for employment is conditioned upon receipt of satisfactory results of background checks.

I acknowledge that Goodwill Industries of Central Iowa is a Drug-Free workplace and that certain positions may require an applicant or an employee to submit to a drug test prior to active employment. Goodwill Industries of Central Iowa reserves the right to random drug test and will test upon reasonable suspicion of drug influence.

To work at Goodwill Industries of Central Iowa, I understand I must show documents which establish my identity and right to work in the United States as required by federal law.

I understand that this application form is not an offer of employment and that by accepting this application form, Goodwill Industries of Central Iowa does not guarantee that I will be offered a position or that I will be employed for any certain time period.

I understand that if I am employed, my employment is and will remain "at-will," meaning that my employment is not for any guaranteed length of time and that both Goodwill Industries of Central Iowa and I may terminate the employment relationship at any time. It is further understood that an employment relationship may not be changed by any written document or by conduct unless an authorized executive of the company specifically acknowledges such change in writing.

My signature below indicates that I have read (or have had read to me) the foregoing, and that I understand and agree to be bound by these provisions.

_____	_____
Date	Signature



# AFFIRMATIVE ACTION

## APPLICANT

## DATA RECORD

NOTICE TO APPLICANT: As an Equal Opportunity Employer, Goodwill Industries considers all applicants for all positions without regard to race, color, sex, age, religion, national origin, physical or mental disability, sexual orientation, gender identity, veteran's status, or any other protected status under federal or state law or local ordinance. Goodwill Industries complies with all government regulations and affirmative action responsibilities.

To monitor its compliance, Goodwill Industries must make certain mandatory reports. The information on this sheet is designed solely to allow Goodwill Industries to comply with government record keeping, reporting and other legal requirements. *Your cooperation is voluntary, important and appreciated.*

\*\*\*THIS INFORMATION IS CONFIDENTIAL\*\*\* It will be kept in a separate file apart from the Application for Employment and will not be used in making employment decisions.

PLEASE PRINT

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

Position Applied For: \_\_\_\_\_

Referral Source:

\_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Job Service of Iowa \_\_\_\_\_ Walk-In

\_\_\_\_\_ Employment Agency \_\_\_\_\_ Other (Specify: \_\_\_\_\_)

Check one: \_\_\_\_\_ Male \_\_\_\_\_ Female

Race/Ethnicity: (Please check on of the descriptions below corresponding to the ethnic group with which you most identify.)

\_\_\_\_\_ **Hispanic or Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

\_\_\_\_\_ **White (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/Alaskan 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

Goodwill Industries of Central Iowa  
4900 N.E. 22nd St.  
Des Moines, Iowa 50313  
Phone: (515) 265-5323



TO \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

NAME \_\_\_\_\_ SS# \_\_\_\_\_

has applied to Goodwill Industries for employment as \_\_\_\_\_

Please complete the form below and return it in the enclosed postage paid envelope or fax to (515)265-0645 so that we can give the applicant proper consideration. We would appreciate your prompt attention.

I HEREBY RELEASE FROM ALL LIABILITY THE COMPANY OR PERSON NAMED ABOVE, AND AUTHORIZE THEM TO RELEASE ALL INFORMATION REGARDING MY EMPLOYMENT OR AFFILIATION WITH THEM.

Applicant's Signature

Date

Job title and dates of employment given by job applicant:

Title

Dates

to

DATES EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

POSITION HELD \_\_\_\_\_

	Above Average	Average	Below Average
1. Quality of work:	_____	_____	_____
2. Cooperation:	_____	_____	_____
3. Dependability, Attendance:	_____	_____	_____
4. Personal Traits & Habits:	_____	_____	_____

REASON FOR LEAVING \_\_\_\_\_

WOULD YOU REHIRE? \_\_\_\_\_ IF NOT, WHY NOT? \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

Information supplied by \_\_\_\_\_

Title \_\_\_\_\_

P.S. Please use the enclosed envelope or fax to (515)265-0645.

## REFERRAL DOCUMENTATION

If you were referred to Goodwill Industries of Central Iowa by a current employee, please complete the following information.

Your Name: \_\_\_\_\_

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

Position applied for: \_\_\_\_\_

Name of employee who referred you to Goodwill Industries of Central Iowa: \_\_\_\_\_

\_\_\_\_\_