



Goodwill of Central Virginia • Goodwill Staffing Solutions

Application for Employment

Goodwill of Central Virginia and subsidiaries ("the Company") are fully committed to ensuring equal opportunity to all applicants and associates without regard to race, color, sex, religion, national origin, age, disability, veteran status, or any other basis of discrimination prohibited by applicable local, state, or federal law.

Incomplete applications will not be considered.

Position(s) applying for: _____

Date: ___ / ___ / ___

Personal Information		
Last Name:	First Name:	Middle Initial:
Social Security #:	Home Phone:	Business Phone:
Street Address: _____		
City, State, Zip: _____		
E-mail Address: _____		

Have you ever applied for employment with Goodwill of Central Virginia? No Yes

If "yes", give dates: _____

Have you ever been employed by Goodwill of Central Virginia? No Yes

If "yes", give dates: _____

Have you ever been convicted of, pled guilty to, or pled "no contest" to a crime (including, but not limited to, DUI, DWI, etc.) in a court other than for a non-moving traffic violation? No Yes

If "yes," please provide date and offense: _____

Are any criminal charges pending against you? No Yes

If "yes", please explain:

Do you have any relatives working for Goodwill of Central Virginia? No Yes

Who? _____

How did you hear about this job opening? Please be specific. If your source was a newspaper, list the name of the newspaper: _____

If you were referred by a current Goodwill associate, please list the name of that associate:

Indicate your work availability (check all that apply): Regular Work Temporary Work
 Full-time Part-time Shift work

Indicate what days/ hours/ shifts you are available for work: _____

(Retail store positions require a flexible schedule, which will include frequent Saturday and Sunday hours)

Indicate the types of work that you are interested in doing:

Clerical/ Data Entry Office/ Administration Light Industrial Customer Service
 Packaging/ Assembly/ Mailing Janitorial Other, please describe: _____

Indicate minimum rate of pay you will accept: _____

Have you ever been involuntarily terminated from employment? No Yes

If yes, explain: _____

Education/ Training					
	Name of School, City & State	Course of Study	Number of Years	Graduated	Degree/ Diploma
Graduate/ Professional				<input type="radio"/> Yes <input type="radio"/> No	
College/ University				<input type="radio"/> Yes <input type="radio"/> No	
High School				<input type="radio"/> Yes <input type="radio"/> No	
Elementary				<input type="radio"/> Yes <input type="radio"/> No	
Other				<input type="radio"/> Yes <input type="radio"/> No	

Are you fluent in any other language(s)? If so, specify: _____

List any special training or skills that you have that would contribute to this position:

Professional License/ Certification: Type: _____ Number: _____ Exp. Date: _____

Issued in what state(s)? _____

Has your professional license/ certification ever been revoked, suspended, limited or not renewed in this or any other state? No Yes

If yes, please explain:

Employment History

Please begin with most recent employer, account for all work history and periods of unemployment (if any), using additional sheets of paper if necessary.

(1) Employer/Company Name	Telephone Number ()
Address, City, State, Zip	Starting Date ___/___/___
Name of Supervisor: Supervisor's Title:	Ending Date ___/___/___
Job Title & Brief Description of Duties:	Starting Pay _____ Ending Pay _____
Reason for Leaving	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No

(2) Employer/Company Name	Telephone Number ()
Address, City, State, Zip	Starting Date ___/___/___
Name of Supervisor: Supervisor's Title:	Ending Date ___/___/___
Job Title & Brief Description of Duties:	Starting Pay _____ Ending Pay _____
Reason for Leaving	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No

(3) Employer/Company Name	Telephone Number ()
Address, City, State, Zip	Starting Date ___/___/___
Name of Supervisor: Supervisor's Title:	Ending Date ___/___/___
Job Title & Brief Description of Duties:	Starting Pay _____ Ending Pay _____
Reason for Leaving	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No

(4) Employer/Company Name	Telephone Number ()
Address, City, State, Zip	Starting Date ___/___/___
Name of Supervisor: Supervisor's Title:	Ending Date ___/___/___
Job Title & Brief Description of Duties:	Starting Pay _____ Ending Pay _____
Reason for Leaving	May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No

Applicant's Statement

I certify that I have read the job description(s), which sets forth the essential functions of the job(s) for which I am applying. I am am not (**check one**) able to perform the essential functions of the job(s) for which I am applying as set forth in the job description(s).

I understand that this application does not, by itself, create a contract of employment for any definite term. I understand and agree that, if hired, my employment is considered "at will"; it is for no definite period of time, and may, regardless of the date of payment of my wages and salary, be terminated, with or without cause or notice, at any time, for any reason at the option of either the Company or myself. I further understand that no person is authorized to change any of the terms mentioned in this application for employment. I hereby disclaim the existence of any contract of employment, either expressed or implied.

If I should be hired, I agree to conform to the rules, regulations, policies, and procedures of the Company and acknowledge that these policies, procedures, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at the sole discretion of the employer and without prior notice to me.

I certify that the information provided by me in this application is true, accurate, and complete. I understand that any misstatement, misrepresentation (including omissions), or falsification of this information is grounds for refusal to hire, and for termination if discovered after hire. I understand that my employment is contingent upon the receipt by the Company of satisfactory applicable background investigation reports and verifications of employment that the Company may request.

I grant authorization to the Company to investigate all statements contained in this application. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all parties from any liability that may result from furnishing such information to the Company.

I understand that the Company does not employ persons who use illegal drugs, and that I may be required to take and pass a screen for illegal drugs prior to beginning employment with the Company. In compliance with the Company's Drug and Alcohol Policy, I agree to consent to random or periodic tests for illegal drugs, as requested by the Company.

I understand that if I am offered employment, I will be required to furnish proof that I am legally eligible for employment in the United States.

Signature: _____ **Date:** _____

Note: Incomplete applications will not be considered. Applications will be considered active for 3 months.

Goodwill Community Employment Centers

**6301 Midlothian Turnpike
Richmond, VA 23225
Phone: (804) 675-9910**

**7147 Brandy Run Drive
Mechanicsville, VA 23111
Phone: (804) 417-6701**

**65 Crater Circle
Petersburg, VA 23805
Phone: (804) 451-1773**

**5270 Chamberlayne Rd
Richmond, VA 23227
Phone: (804) 261-0091**

**5565 Virginia Beach Blvd.
Virginia Beach, VA 23462
Phone: (757) 248-9405, 317**

**Goodwill Staffing Solutions
Phone: (804) 745-0220**

For use by Human Resource Department Only

Interview Date: _____
 Reference Check Completed
 Date sent for Drug Screen: _____
 MVR ordered (Driving Employees): _____
 Date Offer Made: _____

Interviewed By: _____
 Education/ Credentials Verified
 Drug Screen Results Received: _____
 MVR Received: _____
 Job Requisition Number: _____