

EMPLOYMENT HISTORY

Starting with your most recent employer, list your last five (5) jobs. Include all employers.
Complete all information even if it is included on resume.

From _____ () _____
Mo/Yr Company Name Telephone # Rate of Pay Supervisor

To _____
Mo/Yr Street Address City State Zip

Describe your position: _____

Reason for Leaving: _____

From _____ () _____
Mo/Yr Company Name Telephone # Rate of Pay Supervisor

To _____
Mo/Yr Street Address City State Zip

Describe your position: _____

Reason for Leaving: _____

From _____ () _____
Mo/Yr Company Name Telephone # Rate of Pay Supervisor

To _____
Mo/Yr Street Address City State Zip

Describe your position: _____

Reason for Leaving: _____

From _____ () _____
Mo/Yr Company Name Telephone # Rate of Pay Supervisor

To _____
Mo/Yr Street Address City State Zip

Describe your position: _____

Reason for Leaving: _____

From _____ () _____
Mo/Yr Company Name Telephone # Rate of Pay Supervisor

To _____
Mo/Yr Street Address City State Zip

Describe your position: _____

Reason for Leaving: _____

Have you ever been convicted of a crime?

No _____ Yes _____ Number of times: _____

It is not necessary to identify convictions which have been sealed, expunged, or statutorily eradicated.

If "yes" explain each conviction fully and give date. **NOTE:** Answer is not necessarily disqualifying but will be evaluated in relation to job duties. _____

Are you currently charged with a crime for which you are out on bail or on your own recognizance pending a trial?

No _____ Yes _____

Explain fully. **NOTE:** Answer is not necessarily disqualifying but will be evaluated in relation to job duties. _____

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information or material omissions given in my application or interview(s) that are discovered at any time in the future may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

The following is my true signature: _____

Signature of Applicant

Date

EMPLOYMENT PHYSICAL NOTIFICATION

I understand that Goodwill Southern California requires an employment physical examination which includes a drug screen. Any offer of employment is subject to and contingent upon my successfully passing this employment physical. This examination will be at Goodwill's expense.

I agree that the attending physician may notify Goodwill Southern California if I pass or fail the examination. The Company will hold this information in strict confidence and it will be for Company's use only.

If I do not pass the drug screen, I have the right to request information concerning the reasons I did not pass. Such request should be directed to the health care provider which performed the examinations.

If I do not pass the drug screen, I understand that I will be allowed to reapply in six months.

I have read the above statement and acknowledge receipt of a copy of it.

Signature of Applicant

Date

AT-WILL EMPLOYMENT STATEMENT

I understand that employment at Goodwill Southern California is "at-will" which means that the terms of employment may be changed with or without notice, with or without cause, including, but not limited to termination, demotion, promotion, transfer, or compensation, benefits, duties, and location of work. No representative of the Company may change this at-will status except through a written agreement signed by the president of the Company.

I have read and understand the above.

Signature of Applicant

Date

FOR PROCESSING PURPOSES ONLY

• **HR Interviewer:** _____
Signature Date

• **Department Interviewer:** _____
Signature Date

• Recommended for Employment: Yes _____ No _____

• New Employee: _____ Former Employee: _____ Promotion: _____

• Starting Date: _____ Starting Rate: _____ Circle One
Hourly / Salary

• Job Title: _____ Department: _____

• Full Time: _____ Part-Time: _____ Temporary: _____

• Send to Physical: _____ Basic Background Check: _____
Livescan/FBI: _____
DMV: _____

• Comments: _____



EMPLOYMENT PHYSICAL NOTIFICATION

(To be given to the applicant)

I understand that Goodwill Industries of Southern California requires an Employment physical examination which includes a drug screen. Any offer of employment is subject to and contingent upon my successfully passing this employment physical. This examination will be at the company's expense.

I agree that the attending physician may notify Goodwill Industries of Southern California if I pass or fail the examination. The company will hold this information in strict confidence and it will be for Company use only.

If I do not pass the drug screen, I have the right to request information concerning the reason I did not pass. Such requests should be directed to the health care provider which performed the examination.

If I decided not to continue with the selection process at this time, I understand that I will be allowed to reapply in six months.

Employee's Signature

Date

Print Name

Date

Signature of Employer

Title

