



# Application For Employment

Licking/Knox Goodwill Industries, Inc.  
PO Box 828 • 65 South Fifth Street  
Newark, Ohio 43058-0828

Today's Date: \_\_\_\_\_

*Licking/Knox Goodwill Industries, Inc., provides training, employment, and support services to individuals with disabilities and other barriers to employment.*

*We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.*

### Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

City: \_\_\_\_\_ Referred By: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Yes  No Are you Currently Employed?
- Yes  No May we contact your current employer?
- Yes  No Have you ever worked for Licking/Knox Goodwill Industries, Inc. before?  
If Yes, When: \_\_\_\_\_ Where: \_\_\_\_\_
- Yes  No Do you have any relatives working for Licking/Knox Goodwill, Industries, Inc.  
If Yes, Please List: \_\_\_\_\_
- Yes  No Do You Have a Valid Driver's License? If driving is a requirement, you must maintain a valid driver's license.)
- Yes  No If You Are a Minor, Can you produce an Age/Work Certificate necessary to obtain employment?
- Yes  No Are you able, at the time of employment, to submit verification of your legal right to work in the United States?
- Yes  No Have you ever been convicted of a misdemeanor or felony? (This question does not apply to convictions, which have been sealed or expunged. A conviction record will not necessarily be a bar to employment.)
- Yes  No Military Service: Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

### Position Information:

Position Applying For: \_\_\_\_\_ Location: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Yes  No Are You Willing to Work Overtime?

### Education:

Background	Name and Location of School	Highest Grade Completed	Major
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED	
Trade School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Graduate School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

**Specialized Technical Skills (i.e.: computer programming/language, equipment operation, special tools or machines used)**

\_\_\_\_\_  
\_\_\_\_\_

- Cashier Experience     Supervisory Experience     Fork Lift Experience     Floor Care     Computer Experience  
 Customer Service     Janitorial Experience     Retail Experience     Training Experience

**Work Experience** (List last 4 employers, starting with your present or last place of employment. You may include verifiable volunteer work.)

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**References** (List the names of 3 persons not related to you, whom you have known at least 3 years.)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Applicant's Statement**

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by this organization; I will abide by its rules and regulations, which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LICKING/KNOX GOODWILL INDUSTRIES, INC.  
P. O. BOX 828  
65 SOUTH FIFTH STREET  
NEWARK, OHIO 43058-0828  
(740) 345-9861**

**AUTHORIZATION FOR BACKGROUND CHECK**

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application which I signed. This is in accordance with the Fair Credit Reporting Act.

PRINT NAME: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth: (for identification purposes only) \_\_\_\_\_

Social Security Number: (for identification purposes only) \_\_\_\_\_

If name changed (through marriage or otherwise) print former name here: \_\_\_\_\_

Address: \_\_\_\_\_



## VOLUNTARY EEO INFORMATION

We would like to have everyone provide this information, however this is **voluntary** for our applicants. **THIS INFORMATION WILL BE USED SOLELY FOR PURPOSES OF RESEARCH ON OUR FAIR EMPLOYMENT PRACTICES.**

Please print clearly.

Position Applying For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Gender:

- Male  
 Female

### Age Range:

- 16 – 24     25 – 34     35 – 44  
 45 – 54     55 +

### Race/Ethnic Group

- White  
 Black  
 Hispanic  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian or Alaska Native  
 Two or More Races

### Education (Check Highest Grade Completed)

- 1     2     3     4     5     6     7  
 8     9     10     11     12     GED

### Undergraduate / Technical College (Check Highest Year Completed)

- 1     2     3     4     5

### Graduate / Professional (Check Highest Year Completed)

- 1     2     3     4     5

### Veteran's Information

- Yes     No    **Veteran**

#### If Yes:

- Qualified Disabled Veteran**  
A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administrated by the Department of Veteran Affairs for a service-connected disability.
- Armed Forces Service Medal Veterans**  
A veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded.
- Recently Separated Veterans**  
A veteran who was discharged or released from active duty within the past three years.

### Disability

- Yes     No    Are you an individual with a severe physical or mental impairment?

#### If Yes:

#### Does the physical or mental impairment limit:

- Mobility     Self Care     Self Direction     Communication     Work Tolerance / Skills

**Explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Attention All Applicants

Licking/Knox Goodwill Industries, Inc. participates in state and federal training and employment programs. All applicants must meet program eligibility standards as required by law. Eligible applicants are selected on a variety of job specific criteria and at the discretion of Licking/Knox Goodwill Industries.

For further information, contact a Licking/Knox Goodwill Industries Human Resource representative.