



Licking/Knox Goodwill Industries, Inc.
GW Business Solutions, LLC
 65 S 5th St/PO Box 828
 Newark OH 43058-0828
 740-345-9861/Fax 740-345-3191
 www.goodwillnewark.com

Employment Application

 Today's Date

Licking/Knox Goodwill is an equal employment opportunity and Affirmative Action employer. It is the philosophy, intent and commitment of Licking/Knox Goodwill to adhere to a policy of equal employment opportunities for all applicants and employees without regard to race, color, religion, sex, age, ancestry, national origin, veteran status, mental or physical disability, sexual orientation, gender identity or any other status protected by federal, state or local law.

When completing this application do not leave any questions blank. Do not substitute "see resume" for any requested information. Complete ONE application for EACH POSITION for which you are applying.

THIS APPLICATION WILL REMAIN ACTIVE FOR **THREE (3) MONTHS** UPON SIGNING.

PERSONAL INFORMATION

Last Name		First Name		MI	Social Security Number	
E-mail Address					Home Phone Number	
Street Address					Cell Phone Number	
City	State	Zip Code	How did you hear about Goodwill?			

POSITION INFORMATION (List only ONE)

If you are applying for a specific posted position, indicate it below.

POSITION APPLYING FOR: _____ **JOB #** _____
 (List only 1 posted position with corresponding Job# on this line)

Desired Salary	Date you can start	Shift availability (check one or more)			
\$		<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend

If you are NOT applying for a posted position with a job number, then mark the area you are applying for below.
 (Mark only ONE)

- Administrative**
- Janitorial**
- Retail**
- Security**

APPLICANT INFORMATION

- Yes No Are you 18 years or older?
- Yes No Are you legally eligible for employment in the United States?
- Yes No Are you currently employed?
- Yes No May we contact your current employer?
- Yes No Have you ever worked for Licking/Knox Goodwill Ind., Inc. or GW Business Solutions, LLC?
If yes, list when _____ where _____
- Yes No Do you have relatives working for Licking/Knox Goodwill. or GW Business Solutions? Include others whose association to you is similar to a relative. If **yes**, please list name _____
Relationship _____ Which worksite or store? _____
- Yes No Do you have a current and valid driver's license? (If driving is a requirement, you must maintain a valid driver's license.)
- Yes No Military Service?
Branch _____ Rank _____
- Yes No Have you been convicted of a felony or misdemeanor (other than traffic violations)? If yes, explain

Note: A conviction will not necessarily be a bar to employment. This question does not apply to convictions that have been sealed or expunged. Factors such as date, nature & number of offenses, age at the time of offense and rehabilitation will be considered.

SPECIALIZED/TECHNICAL SKILLS (i.e.: equipment operation, special tools or machines used.)

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

EDUCATION

	High School				College/University				Graduate/Professional			
School Name, Address & Phone #												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Course of Study												

Degree of educational achievement is considered in the hiring process only to the extent that specific educational achievement is a requirement for performing the job.

EMPLOYMENT HISTORY (Include last 4 employers, starting with your last place of employment)

--Do not leave this section blank, your application will be considered incomplete and will not be reviewed--

You may include verifiable volunteer work.

If you have never been employed, indicate so in this section.

Company Name	Job Title	Supervisor's Name
Address		Employed (m/yy) From: _____ To: _____
Job Duties		Hourly Salary:

Reason for Leaving

Company Name	Job Title	Supervisor's Name
Address		Employed (m/yy) From: _____ To: _____
Job Duties		Hourly Salary:

Reason for Leaving

Company Name	Job Title	Supervisor's Name
Address		Employed (m/yy) From: _____ To: _____
Job Duties		Hourly Salary:

Reason for Leaving

Company Name	Job Title	Supervisor's Name
Address		Employed (m/yy) From: _____ To: _____
Job Duties		Hourly Salary:

Reason for Leaving

REFERENCES (List 3 people not related to you, whom you have know 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

I authorize Licking/Knox Goodwill Industries, Inc. (LKGI) to investigate my background, qualifications, and/or any other information from whomever it deems appropriate. I also authorize anyone LKGI contacts as part of its investigation to release any information they have regarding me or my employment to LKGI or its representatives. I release all parties from any liability in connection with the provision and use of such information.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by LKGI at its sole discretion as a condition of my employment, or, if I am hired as a condition of my continued employment at any time as deemed appropriate by LKGI.

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.

I also certify that the facts contained in this application are true and complete to the best of my knowledge and that if any misrepresentation, omission or falsification is discovered it will constitute grounds for dismissal. I further certify that I have read all of the foregoing, understand the same, and do hereby voluntarily agree to all of the provisions contained herein.

Applicant's Signature _____ **Date** _____

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

EOE/AA/M/F/Vet/Disability

Licking/Knox Goodwill Industries, Inc.
Equal Employment Opportunity Voluntary Self-Identification

Licking/Knox Goodwill Industries, Inc. (LKGI) is an Equal Employment Opportunity and Affirmative Action employer. It is the philosophy, intent and commitment of LKGI to adhere to a policy of equal employment opportunities for all applicants and employees without regard to race, color, religion, sex, age, ancestry, national origin, veteran status, mental or physical disability, sexual orientation, gender identity or any other status protected by federal, state, or local law.

Completion of this information is voluntary and is not a requirement of employment. This information will in no way affect the decision regarding your application for employment. This information will be kept confidential. We hope that you will complete this form to assist us in recording information for statistical reports that we are obliged to file periodically with various government agencies.

Today's Date	Position Sought	Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female
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<p>Ethnicity (Check one of the following)</p> <p><input type="checkbox"/> Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>
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<p>Race (Check one of the following)</p> <p><input type="checkbox"/> American Indian or Alaska Native – 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.</p> <p><input type="checkbox"/> Asian – 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.</p> <p><input type="checkbox"/> Black or African American – A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><input type="checkbox"/> Two or More Races – All persons who identify with more than one of the above five races.</p>

<p>Veteran Information (If applicable, you may check more than one category)</p> <p><input type="checkbox"/> Military Veteran (A person who served on active duty.)</p> <p><input type="checkbox"/> Disabled Veteran (A person entitled to disability compensation through the Veterans Administration for a disability rated at 30% or more; or a person discharged from active duty for a disability incurred or aggravated in the line of duty during any era.)</p> <p><input type="checkbox"/> Other Protected Veteran (Veterans who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge is awarded.)</p> <p><input type="checkbox"/> Armed Forces Service Medal Veteran (Veterans 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 pursuant to Executive Order 12985.)</p> <p><input type="checkbox"/> Recently Separated Veteran (A Veteran who was discharged or released from active duty within the past three years.)</p>
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Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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.¹ 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:

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

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- 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
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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.

¹ 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 www.dol.gov/ofccp.

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.

--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.

NO PHONE CALLS, PLEASE.

You will be contacted by Human Resources if your qualifications meet our specific needs.



ATTENTION ALL APPLICANTS AND EMPLOYEES

**WE MAINTAIN
A DRUG-FREE
WORKPLACE**

Applicants and employees will be required to submit to testing as a condition of employment.

The written Licking/Knox Goodwill Industries, Inc. Affirmative Action Plan may be viewed at the Administrative Office located at 65 S. Fifth Street, Newark, Ohio between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.