



10596 Gandy Boulevard  
St. Petersburg, FL 33702

**APPLICATION FOR EMPLOYMENT**

| <b>THIS APPLICATION MUST BE FULLY COMPLETED TO BE CONSIDERED FOR EMPLOYMENT</b>   |       |  |                |                              |
|---|-------|--|----------------|------------------------------|
| Last Name   |       | First  | Middle         | Date                         |
| Street Address  |       |  | Home Phone ( ) |                              |
| City  | State | Zip Code   | County         | Business Phone ( )           |
| Position Applying For: (Will only accept application for available positions/one position per application)  |       | What days can you work?<br>S M T W T F S<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                | Social Security Number       |
|   |       | What hours can you work?   |                | Expected Pay                 |
| Are you available?<br>Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>   |       | Will you work overtime?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |                | Date available to start work |
| Can you perform the essential functions of the job for which you are applying either with or without reasonable accommodation? (A copy of the job description for which you applied should be attached. If not, please request a copy and review before answering this question) Yes <input type="checkbox"/> No <input type="checkbox"/>   |       |  |                |                              |
| Have you ever applied for employment with Goodwill-Suncoast? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes: Month/Year _____ Location _____  |       |  |                |                              |
| Have you ever been employed by Goodwill Industries? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes: Month/Year _____ Location _____   |       |  |                |                              |
| Indicate friends/relatives employed by Goodwill-Suncoast, Inc.  |       |  |                |                              |
| How were you referred to Goodwill-Suncoast, Inc.  |       |  |                |                              |
| Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If NO, can you provide required proof of your eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>If hired, would you be able to present evidence of your United States citizenship or, proof of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> |       |  |                |                              |

**WE ARE AN AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYER M/F/D/V  
AND A DRUG FREE WORKPLACE**

**EMPLOYMENT HISTORY** (Begin with present or most recent employer and complete in full)

|   |                            |
|---|----------------------------|
| Company Name  | Telephone<br>( )           |
| Full Address  | From To                    |
| Immediate Supervisor/Title  | Starting Pay<br>Ending Pay |
| List job title and description of your work   |                            |
| Reason for leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge<br>Explain |                            |

|   |                            |
|---|----------------------------|
| Company Name  | Telephone<br>( )           |
| Full Address  | From To                    |
| Immediate Supervisor/Title  | Starting Pay<br>Ending Pay |
| List job title and description of your work   |                            |
| Reason for leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge<br>Explain |                            |

|   |                            |
|---|----------------------------|
| Company Name  | Telephone<br>( )           |
| Full Address  | From To                    |
| Immediate Supervisor/Title  | Starting Pay<br>Ending Pay |
| List job title and description of your work   |                            |
| Reason for leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge<br>Explain |                            |

|   |                            |
|---|----------------------------|
| Company Name  | Telephone<br>( )           |
| Full Address  | From To                    |
| Immediate Supervisor/Title  | Starting Pay<br>Ending Pay |
| List job title and description of your work   |                            |
| Reason for leaving <input type="checkbox"/> Voluntary <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge<br>Explain |                            |

Please explain any gaps in your employment history \_\_\_\_\_

Have you ever been employed under a different name? Yes  No  List Names \_\_\_\_\_

We may contact employers listed above unless you indicate that you do not want us to contact them. List the employers you do not want us to contact here. Please include reason. \_\_\_\_\_

**EDUCATION**

| School      | Name & Location | Dates Attended | Courses Studied | No. of Years Attended | Did you Graduate | Degree/Diploma |
|-------------|-----------------|----------------|-----------------|-----------------------|------------------|----------------|
| College     |                 |                |                 |                       |                  |                |
| High School |                 |                |                 |                       |                  |                |
| Elementary  |                 |                |                 |                       |                  |                |
| Other       |                 |                |                 |                       |                  |                |

**SKILLS**

INDICATE SKILLS IN WHICH YOU HAVE HAD SPECIAL TRAINING (please check where applicable)

Steno – WPM \_\_\_\_\_   
 Typing – WPM \_\_\_\_\_   
 Calculator   
 Copier   
 Fax

Personal Computer (indicate type of software/hardware) \_\_\_\_\_

POS System   
 CPR   
 First Aid   
 PCM (Professional Crisis Management)

Foreign Language(s) \_\_\_\_\_   
 Speak   
 Read   
 Write

Forklift   
 Tractor/Trailer   
 Straight Truck   
 PBX/Switchboard

Other \_\_\_\_\_

**DRIVING REQUIREMENTS**

If the position requires the operation of Goodwill vehicles, transporting of consumers, or use of personal vehicle for employment purposes, complete section relative to vehicle operation. Your driving record will be checked with the Department of Motor Vehicles. You must complete and sign a MVR form upon a job offer.

Drivers License No. \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

Within the last 36 months, have you had any auto accidents or moving violations? Yes  No

If yes, list date (s) of all accidents or violations, circumstances of each (include city and state) and who was at fault (to whom citation was issued):

Have you ever received a citation for DUI or had your license suspended or revoked? Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever pled nolo contendere (no contest), entered a pre-trial intervention program or a similar program, been fined, or placed on probation for a misdemeanor or a felony, regardless of adjudication? Yes  No

If yes, explain the criminal charge(s). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony? Yes  No

If yes, specify the criminal charge(s) and conviction (An affirmative answer will not automatically disqualify you for employment). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the answers contained herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the agency permission to contact schools, previous employers, references, and others, and hereby release the agency and any persons whatsoever from any liability as a result of such contact. I understand that any misrepresentation or omission of facts in this application may disqualify me from further consideration for employment and, if employed, will subject me to dismissal at any time without previous notice.

I further understand that I may be subject to a criminal background check by local, state and/or federal law enforcement agencies and a background check by the Department of Children and Families.

I understand that my employment with the agency is for no specific term and may be terminated by me or the agency with or without notice at any time and for any reason. I further understand that no oral promise, agency policy, custom, business practice or other procedure constitutes an employment contract or modification of the at-will employment relationship between me and the agency.

The contents of any employee handbook or personnel manual, as well as other agency policies and practices, are subject to change or modification by the agency, solely at its discretion, without notice. I also understand that no supervisor or other official of the agency (except its president, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the agency will require applicants for employment to undergo blood-alcohol, breath, and/or urine testing for drug or alcohol misuse. In addition, all employees of the agency are subject to blood-alcohol, breath, and/or urine testing for drug or alcohol misuse.

Goodwill Industries-Suncoast, Inc. is an equal opportunity and affirmative action employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, sexual orientation, marital status, veteran, handicap or disabled status.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

NOTICE: This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days must reapply.

|  |                                    |                                    |
|--|------------------------------------|------------------------------------|
| (TO BE COMPLETED BY HIRING AUTHORITY)                |                                    |                                    |
| Date of Hire _____                                   | Hourly Rate of Pay _____           | Employee Number _____              |
| Job Title _____<br>(as indicated on job description) |                                    | Supervisor _____                   |
| Department _____                                     | Location _____                     | Charge Code _____                  |
| Replacing Whom _____                                 | Placement Requisition # _____      |                                    |
| <input type="checkbox"/> Part-Time                   | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Temporary |

\_\_\_\_\_  
Signature and Title of Hiring Authority \_\_\_\_\_  
Date



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**VOLUNTARY SELF-IDENTIFICATION FORM**

For Affirmative Action Plan purposes, you are requested to voluntarily provide the information requested below. Failure to respond will in no way affect the application process.

Goodwill Industries-Suncoast, Inc. is an equal opportunity employer and is subject to certain reporting and affirmative action requirements. Qualified applicants are considered without regard to race, color, ancestry, ethnicity, religion, age, sex, national origin, disability, veteran status, sexual orientation, or any other classification protected by federal, state or local law.

The information requested below is used by Goodwill-Suncoast to maintain records required of employers doing business with the federal government. In an effort to comply with such requirements, we invite you to complete this form. Providing this information is strictly voluntary and will not be used as a basis for employment decisions. A refusal to complete this form will not subject you to any adverse treatment. The information provided will be kept confidential as far as practicable and in accordance with federal laws and regulations. The information will be used for statistical reporting as required by governmental agencies. During the application, interview, and hiring processes, the information collected here is maintained separately from your application and is not considered by the hiring supervisor.

**SECTION 1: General Applicant Information**

|   |              |       |
|---|--------------|-------|
| Applicant Name:   |              | Date: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | SSN:         |       |
| Position Applied for:   | Referred by: |       |

**SECTION 2: Please check one of the following Race/Ethnic Categories**

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American – A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 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.
- 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 maintains tribal affiliation or community attachment.
- Two or More Races – All persons who identify with more than one of the above races.
- I do not wish to self-identify.

|                         |
|-------------------------|
| Signature of Applicant: |
|-------------------------|