

Application for Employment  
**Goodwill Homes Community Services, Inc.**  
 (Please Print Clearly)

Date of Application \_\_\_\_\_

Position Applying For \_\_\_\_\_

Name: \_\_\_\_\_  
                     Last                            First                            Middle                            Social Security Number

Address: \_\_\_\_\_  
                     Street                    City                    State            Zip Code                    \_\_\_\_\_ or \_\_\_\_\_  
   Phone Number            Phone Number

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

Next of kin or other person to reach in an emergency:

\_\_\_\_\_  
 Name  Relationship  Phone Number

\_\_\_\_\_  
 Name  Relationship  Phone Number

Educational Background (List Diplomas, Degrees, and Certifications):

<u>Title</u>	<u>School/Institution</u>	<u>Address</u>	<u>Dates</u>

Educational Experiences (List all training programs attended; i.e., workshop, conferences, and courses.)

<u>Title</u>	<u>Place</u>	<u>Date</u>	<u>Hours Credited</u>

**Goodwill Homes Community Services, Inc.**  
 Goodwill Homes Community Services, Inc. does not discriminate based on race, color, creed,  
 national origin, sex, age, handicapping condition, political or religious affiliation.

Employment History (List most recent job first):

<u>Place</u>	<u>Position/Job</u>	<u>Date</u>	<u>Reason for Leaving</u>

Other Experience with Children (Answer only if applying for position in Child Care):

<u>Place</u>	<u>Purpose</u>	<u>Dates</u>	<u>Contact Person</u>

Reference (List at least 3 references, including all former employers; other character and business references. Use separate sheet, if necessary).

<u>Name/Title</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Length of time known</u>

Have you ever been convicted of a felony, including any involving a suspended sentence? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been reported for child abuse or neglect? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what and when: \_\_\_\_\_

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations or agencies listed above to be contacted for the expressed purpose of pre-employment screening.

All applicants are required to comply with background check requirements (copies of social security card & driver's license).

I give permission to have my background checked. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Date

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

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Date Employed: \_\_\_\_\_ Date Reported: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Reason Terminated: \_\_\_\_\_

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