

GOODMANagement®

APPLICATION FOR EMPLOYMENT

OFFICE USE ONLY

Previous Employee Yes No

Eligibility _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Date of Application: _____

Name _____
LAST FIRST MIDDLE

Position(s) applied for : _____

Referral Source: Advertisement Friend Relative Walk-in
 Employment Agency Other _____
PLEASE DESCRIBE

I desire to work: FULL TIME PART TIME TEMPORARY

I PREFER to work what shift(s)? DAY EVENING NIGHT ANY SHIFT

On what date will you be available for work? _____

Are you employed now? YES NO If yes, can we contact your current employer? YES NO

Do you plan to work another job? If yes, what hours? _____

Have you ever applied for a job here before? YES NO If yes, give date: _____

Have you been employed here before? YES NO If yes, give date(s): _____

Show age if less than 21: _____ If under age 18, can you furnish a work permit? YES NO

Are you a legally able to work in United States? YES NO

[NOTE: You will required to show proof of this within three (3) days of hiring on an I-9 Form.]

If you are not a U.S. citizen, do you have an Alien Registration Card? YES NO

If Yes, please give the number: _____

Some positions may call for routine use of company vehicles.

Do you hold a current VALID driver's license? YES NO If Yes, in which state? _____

Have you been convicted of any moving violations in the past five (5) years? YES NO

If Yes, please describe: _____

Have you ever been convicted of a felony? YES NO Conviction of a felony will not stop you from being eligible for employment. Please describe any convictions: _____

CONTACT INFORMATION

Current Address _____
NUMBER STREET APT. #

_____ CITY STATE ZIP CODE

Telephone _____ AREA CODE Alt. Telephone _____ AREA CODE

E-Mail _____ Social Security Number _____

Education / Training:

	ELEMENTARY					HIGH SCHOOL				COLLEGE/ UNIVERSITY				GRADUATE/ PROFESSIONAL			
School Name and Location (City and State)																	
Years Completed (circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

Honors Received:

Are you a veteran of U.S. military Service? YES NO If Yes, what branch? _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? YES NO

If Yes, please explain: _____

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? YES NO

If Yes, please describe: _____

List professional, trade, business or civic activities and offices held. You may exclude any which may indicate race, color, religion, sex or national origin: _____

EMPLOYMENT EXPERIENCE

Starting with your most recent or current job, please complete the following. Include any military service assignments and volunteer activities. Exclude organization names which might indicate race, color, religion, sex, national origin, handicap or other protected status.

1	Employer	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
	Address and Telephone			
	Job Title	HOURLY RATE/SALARY		
		STARTING	FINAL	
Supervisor				
Reason for Leaving				
2	Employer	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
	Address and Telephone			
	Job Title	HOURLY RATE/SALARY		
		STARTING	FINAL	
Supervisor				
Reason for Leaving				
3	Employer	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
	Address and Telephone			
	Job Title	HOURLY RATE/SALARY		
		STARTING	FINAL	
Supervisor				
Reason for Leaving				
4	Employer	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
	Address and Telephone			
	Job Title	HOURLY RATE/SALARY		
		STARTING	FINAL	
Supervisor				
Reason for Leaving				

If you need additional space, continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize any special skills and qualifications that you acquired from employment or other experience:

APPLICANT'S STATEMENT

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

I authorize Goodmanagement and/or its agents, including consumer reporting bureaus, to verify all statements contained in this application for employment, including but not limited to criminal history and motor vehicle driving records, as may be necessary in arriving at an employment decision. I hereby authorize all persons, schools, companies and law enforcement officials to release information concerning my background and hereby release all parties from all liability for any damage that may result from furnishing this information.

I understand that Goodmanagement maintains a drug-free workplace, and that I may be subject to pre-employment screening for drugs and alcohol.

By my signature below, I certify my understanding and acknowledgement that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

DATE

SIGNATURE