

Junior College			Yes	No	
College/University			Yes	No	
Certifying Agency			Yes	No	
Licensing Agency			Yes	No	

Employment History (starting with most recent)

Company/Organization: _____ Phone #: _____
 Address: _____ City _____ State: _____
 Job Title: _____ Name of Supervisor: _____
 Dates of Employment: From: _____ To: _____
 Starting Pay: _____ Ending Pay: _____
 Description of duties: _____
 Reason for leaving: _____
 May we contact your Supervisor for a reference? ___ Yes ___ No
 Was this a temporary job through another temporary service? ___ Yes ___ No
 If so, name of temporary service? _____

Company/Organization: _____ Phone #: _____
 Address: _____ City _____ State: _____
 Job Title: _____ Name of Supervisor: _____
 Dates of Employment: From: _____ To: _____
 Starting Pay: _____ Ending Pay: _____
 Description of duties: _____
 Reason for leaving: _____
 May we contact your Supervisor for a reference? ___ Yes ___ No
 Was this a temporary job through another temporary service? ___ Yes ___ No
 If so, name of temporary service? _____

Company/Organization: _____ Phone #: _____
 Address: _____ City _____ State: _____
 Job Title: _____ Name of Supervisor: _____
 Dates of Employment: From: _____ To: _____
 Starting Pay: _____ Ending Pay: _____
 Description of duties: _____
 Reason for leaving: _____
 May we contact your Supervisor for a reference? ___ Yes ___ No
 Was this a temporary job through another temporary service? ___ Yes ___ No
 If so, name of temporary service? _____

Company/Organization: _____ Phone #: _____

Address: _____ City _____ State: _____
 Job Title: _____ Name of Supervisor: _____
 Dates of Employment: From: _____ To: _____
 Starting Pay: _____ Ending Pay: _____
 Description of duties: _____
 Reason for leaving: _____
 May we contact your Supervisor for a reference? ___Yes ___No
 Was this a temporary job through another temporary service? ___Yes ___No
 If so, name of temporary service? _____

Military Service

Have you ever been in the military? ___Yes ___No If so, please complete the following:

Branch of Military: _____ Dates of Service-From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable discharge, please explain: _____

Please circle your areas of expertise and/or the kinds of things that you know how to do:

- | | | | |
|-------------------------|---------------------|------------------|------------------------|
| Accounting | Admin Tech | Assembly | Customer Service |
| Data Entry | Engineering | Floor Technician | Food Services Staff |
| General Clerical Skills | Hospitality | Housekeeping | Information Technology |
| 10 Key Adding Machine | Inventory Control | Mailroom | Office Clerk |
| Receptionist | Software Specialist | Switchboard | Trade Show Staff |
| Warehouse Staff | Retail Sales | Cashier | Web Design |
| Computer Repair | Custodial Services | Lawn Services | Sorting |

Please list any other tools or equipment you know how to use, that are not listed above:

Applicant Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with Goodwill Industries of El Paso/Goodwill Staffing Solutions "Employer" is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge the 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 such change is specifically acknowledged in writing by and authorized by the President of Goodwill Industries of El Paso. In the event of employment, I understand that any false or misleading information given in my application or during my interview may result in termination of my employment. I understand also, that I am required to abide by all rules and regulations of the Employer and the client company/organization.

Applicant's Signature: _____ Date: _____

Printed Applicant's Name: _____

Name of Person Completing Form (or translating), if other than applicant:

Name: _____ Date: _____
(Printed Name) (Signature)