

## APPLICATION FOR TEMPORARY EMPLOYMENT

9611 Acer Avenue, El Paso, TX 79925

Applicant Information						
		Applicant in	ioiiiiatioii			
Full Name:				Mai	den Name:	
	(Firs	t)	(Middle)	· · · ·	<u></u>	
Other Names:	•	•				
<b>Current Street Addre</b>	ss:					
	(Street Address)				(Apartment/Unit/Space #)	
City:					Code:	
How long have you lived at this address? Previous Address:						
Primary Phone #:		Alter	nate Phone 2	#:		
Primary Email Address: Alternate Email Address:						
Have you ever worke	d for Goodwill befor	e?YesNo If	so, when and	where: _		
Do you have a friend	or relative working	or Goodwill?Ye	sNo If	so, who,	where and what is the relation?	
					Time Post Time	
Position(s) applying f					TimePart Time	
What type of work do you like to do? Availability to Work: Days Nights Weekdays Only Weekends Only Both						
Availability to work.	DaysINIgI	its weekdays	S Offinyvv	eekeilus	OnlyBoth	
Are you legally authorized to work in the United States of America?YesNo						
The year eganly adding						
What kind of transpo	ortation will you use	to get to work?(	Own vehicle	Public	TransportationFamily/Friend	
,						
Applicant's Education, Licenses and Certifications						
, , , , , , , , , , , , , , , , , , , ,						
	Name of School	Location (City,	Diploma/D	egree	Name of Diploma, Degree,	
		State)	Completed	_	License or Certification or highest	
		- -			grade/years completed	
High School/GED			Yes	No		
Trade School			Yes	No		

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

## **Employment History (starting with most recent)**

Company/Organization		Dhone #
Company/Organization:		Phone #:
Address:		State:
Job Title: Dates of Employment: From:		
Starting Pay:		
Description of duties:		
Reason for leaving: May we contact your Supervisor for a reference		
Was this a temporary job through another temp		No
If so, name of temporary service?		
ii so, name or temporary service:		
Company/Organization:		Phone #:
Address:		State:
Job Title:		
Dates of Employment: From:		
Starting Pay:		
Description of duties:		
Reason for leaving:		
May we contact your Supervisor for a reference		
Was this a temporary job through another temp	porary 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	e?No	
Was this a temporary job through another tem	porary service?Yes	No
If so, name of temporary service?		
Company/Organization:		Phone #:

Endir	To: ng Pay: No			
Endir	ng Pay:No			
rence?Yes	ng Pay:No			
rence?Yes	No			
rence?Yes temporary service	No			
rence?Yes temporary service	No			
•	e? Yes No			
	<del></del>			
Military	Sorvico			
Military	Service			
resNo	If so, please compl	ete the following:		
Date:	Dates of Service-From: To:			
Туре	of Discharge:			
explain:				
r the kinds of thin	gs that you know how t	to do:		
h	Assembly	Customer Service		
g	Floor Technician	Food Services Staff		
•	Housekeeping	Information Technology		
	Mailroom	Office Clerk		
	Switchboard	Trade Show Staff		
	Cashier	Web Design		
•		Sorting		
y (	ng Y Control Specialist es	y Housekeeping Control Mailroom Specialist Switchboard		

## **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 tran	slating), if other than applicant:	
Name:		Date:
(Printed Name)	(Signature)	

Rev: 06/18/18

(Initiated: 5/26/15, Rev: 10/1/15)