



Goodwill Hawaii Jobs Website – [www.higoodwill.org/jobs](http://www.higoodwill.org/jobs) Phone Number: (808) 836-0313

SUBMIT FORM BY - Email: [jobs@higoodwill.org](mailto:jobs@higoodwill.org) Fax Number: (808) 839-7322 Mail: 2610 Kili Hau Street, Honolulu, HI 96819

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I	PHONE NUMBER
ADDRESS (Street Name and Number, Apt/Unit, City, State, Zip Code)			EMAIL
POSITION/S APPLYING FOR			HOW DID YOU HEAR ABOUT THIS EMPLOYMENT?

## AVAILABILITY

HOURS AVAILABLE	SUN	MON	TUES	WED	THURS	FRI	SAT	COMMENTS/NOTES ON AVAILABILITY
EARLIEST TIME:								
LATEST TIME:								

## EDUCATION

SCHOOL	1	2
CITY/STATE/COUNTRY		
DID YOU GRADUATE?		

**EMPLOYMENT HISTORY: START WITH CURRENT OR MOST RECENT.** List employment up to 10 years. Include self-employment, military service, foreign/overseas employment, summer jobs, temp jobs and/or part-time jobs. *Please attach additional sheets if needed.*

COMPANY NAME		ADDRESS (Street Name and Number, City, State, Zip Code)	
DATES EMPLOYED (From MM/YY to MM/YY)	JOB TITLE	May we contact this employer? (Circle) YES NO	
REASON/S FOR LEAVING			
COMPANY NAME		ADDRESS (Street Name and Number, City, State, Zip Code)	
DATES EMPLOYED (From MM/YY to MM/YY)	JOB TITLE	May we contact this employer? (Circle) YES NO	
REASON/S FOR LEAVING			
COMPANY NAME		ADDRESS (Street Name and Number, City, State, Zip Code)	
DATES EMPLOYED (From MM/YY to MM/YY)	JOB TITLE	May we contact this employer? (Circle) YES NO	
REASON/S FOR LEAVING			

## PROFESSIONAL REFERENCES (Not relatives):

NAME	PHONE NUMBER	EMAIL	RELATIONSHIP TO YOU
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Equal Opportunity Employer: Goodwill Hawaii is an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by federal, state, or local law.



## CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

- It is the policy of this Company to hire only U.S. citizens and aliens who are authorized to work in this country. As a condition of employment, I will be required to produce original documents establishing my identity and authorization to work, and to complete the U.S. Citizenship and Immigration Services Form I-9.
- I certify that the information contained in this application is true and correct. I understand that any false or misleading statements or omissions regarding this application, whenever discovered, may subject me to disqualification for further consideration or for dismissal from employment.
- If employed, I agree to conform to the guidelines and policies of Goodwill Hawaii. I understand that MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE
- I understand and agree that Goodwill Hawaii may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide Goodwill with any information (including fact or opinion) they may have regarding me. In consideration of Goodwill's review of this application, I release Goodwill and all providers of any information from all liability relating to or arising out of any Inquiry by Goodwill Hawaii regarding my work history, education, character, reputation, and background. I understand and agree that if offered employment by Goodwill, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by Goodwill. If employed by Goodwill, I further authorize Goodwill to provide truthful information (including fact) regarding my employment to any potential or future employer and release and waive any claims against Goodwill for truthfully communicating any such information to a potential or future employer.
- I understand and agree that I may be required to submit to drug testing and complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with Goodwill provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by Goodwill. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to Goodwill in accordance with state and / or federal laws. Goodwill will keep such results confidential and disclose the results only to person(s) who need to know or where required by law. Also, I agree to fully cooperate and provide Goodwill with any additional consent(s) and / or release(s) as required by Goodwill to investigate my employment application.
- Goodwill Hawaii may inquire into and consider any criminal conviction record that I may have after a conditional offer of employment is made to me. Goodwill may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old exceeding periods of incarceration or that involves Family Court matters will not be considered.
- I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with Goodwill Hawaii if I am employed by Goodwill Hawaii.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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Goodwill Hawaii  
Affirmative Action Self-Identification Survey (Application)

Name \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM**

Anti-Discrimination Notice

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, national origin, or veterans' status.

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their gender, race or ethnicity, and veterans' status.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and separate from other personnel records, and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the Federal Government for civil rights enforcement. When reported, data will not identify any specific individual.

Gender

**Please identify your gender:**

☐ Male      ☐ Female

Ethnicity

Following are two questions: The first is about your ethnicity and the second about your race. Please answer both questions.

In answering the first question, if you mark "Yes, Hispanic or Latino," your race will be reported as Hispanic or Latino. In answering the second question, if you select more than one race, you will be reported in the "Two or More Races" category to the federal government; for example, if you select both "Black" and "Asian," you will be reported in the "Two or More Races" category.

**Are you Hispanic or Latino?**

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino (of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

**What is your race? Select one or more of the following categories:**

- ☐ White (any of the original peoples of Europe, the Middle East, or North Africa)
- ☐ Black or African American (any of the black racial groups of Africa)
- ☐ Asian (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)
- ☐ Native Hawaiian or Other Pacific Islander (any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- ☐ American Indian or Alaska Native (any of the original peoples of North and South America, including Central America)

## Veterans Status

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA (Uniformed Services Employment and Reemployment Rights Act). In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

**If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below:**

- ☐ I identify as one or more of the classifications of protected veteran listed above
- ☐ I am not a protected veteran

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.