

Name: _____ Date: _____
(Print)

Goodwill Industries of St. Clair County

Serving St. Clair County and Sanilac Counties since 1956



Employment Application

Corporate Office
1013 26th Street
Port Huron, MI 48060
810-987-9333

It is the policy of GWISCC that no employee or applicant for employment shall suffer discrimination due to age, race, religion, color, disability, marital status, height, weight, national origin, gender, or any other statutorily prohibited designation.

PLEASE CIRCLE LOCATION REQUESTED FOR EMPLOYMENT:

Fort Gratiot Store
4177 24th Ave.
Fort Gratiot, MI 48059
810-385-5541

Marysville Store
2055 Gratiot Blvd.
Marysville, MI 48040
810-364-7784

Port Huron Store
1013 26th Street
Port Huron, MI 48060
810-987-9333 ext. 111

PLEASE CIRCLE POSITION REQUESTED FOR EMPLOYMENT:

- | | | | |
|-----------------|---------------------------|------------|------------------------|
| Sales Associate | Donation Center Attendant | E-Commerce | Truck Driver |
| Contract Shop | Administration | Warehouse | Work Force Development |

“We help people work”

You must complete ALL sections of this application. Failure to do so will result in REJECTION.

PLEASE PRINT

Full Name: _____

Address: _____

City, State, Zip Code: _____

Home or Cell Phone: _____

E-mail address: _____

GENERAL INFORMATION (Please circle your answer)

Are you at least 18 years of age? Yes No

Have you received a Covid-19 vaccination? Yes No If yes; Moderna Pfizer J&J

Are you a veteran? Yes No

If so, what Branch? _____ Highest Rank _____

If so, were you honorably discharged? Yes No

A conviction or dishonorable discharge is not necessarily a bar to employment

Have you ever been convicted of a felony? Yes No

If so, please list date, location and charge _____

Do you smoke? Yes No

Have you ever worked for Goodwill before? Yes No

If so, please indicate location and date _____

Are you related to a present Goodwill Employee? Yes No If yes, name: _____

Have you ever used a different name? Yes No

If so, please list name _____

Have you ever been terminated from a job? Yes No

If so, please explain _____

Are you legally eligible for employment in the United States? Yes No

Are you currently employed? Yes No

If so, may we contact your present employer? Yes No

Do you have access to dependable transportation? Yes No

Do you have any physical restrictions? Yes No

If so, please explain _____

Education & Training

Name of High School attended: _____

Did you graduate? Yes No

College attended: _____ # of year's completed _____ Degree _____

Please describe any special training, apprenticeships, skills, licenses, certificates that pertain to the position you are applying for _____

Please list any specific times and/or days you CAN NOT work: _____

What date would you be available to begin work? _____

Employment History (start with your most recent employer)

Employer: _____ Address: _____

From _____ to _____

Supervisors Name: _____ Phone number: _____

Duties and Responsibilities: _____

Reason for leaving: _____

Employer: _____ Address: _____

From _____ to _____

Supervisors Name: _____ Phone number: _____

Duties and Responsibilities: _____

Reason for leaving: _____

Employer: _____ Address: _____

From _____ to _____

Supervisors Name: _____ Phone number: _____

Duties and Responsibilities: _____

Reason for leaving: _____

References

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Agreements and Understandings

(Initial each after reading)

1). I certify that the information in this application is true, complete and accurate to the best of my knowledge. I understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this documentation or not, may result in rejection of my application, or if hired, in dismissal._____

2). I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand or other notices of disciplinary action contained in my personal records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-To-Know Act._____

3). I authorize the references, current employees and former employees listed on this document to give any and all information concerning my current and/or previous employment and any pertinent information they may have (even more than four years old) and release all parties from any liability for any damages that may result from furnishing the same to Goodwill._____

4). I authorize Goodwill to release information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or any other notice of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure._____

5). I agree that any action or suit against Goodwill arising out of my employment or termination of employment including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary._____

6.) If hired by Goodwill Industries of St. Clair County, I agree to comply with all rules, regulations, policy, communications directed to employees, including any changes made. I understand and agree that employment at GWISCC is on an at will basis and may be terminated by me or by GWISCC at any time for any cause or no cause, and with or without prior notice or warning._____

7.) I give Goodwill Industries of St. Clair County permission to secure a criminal conviction history from the appropriate law enforcement agency._____

I have read, understand and agree to the terms of the six (6) statements above.

Signature _____

Date _____