

Application for Employment

Land of Lincoln Goodwill Industries, Inc.
 800 North 10th Street
 Springfield, Illinois 62702
 217/789-0400
 217/789-7239 fax



Date _____

Land of Lincoln Goodwill Industries
 is an Equal Opportunity Employer
 and Drug Free Workplace

www.LLGI.org

*If you need accommodation
 completing this application,
 please contact Goodwill.*

Personal Information		
Name		Social Security No.
Address		
City, State, Zip Code		
Primary Phone	Secondary Phone	E-mail

Desired Employment		
Position	Date available to start	Salary desired
Type of Employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal		
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	
Ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	List dates and position(s) held	
Reason for leaving		
Name of last supervisor at this company		
Who referred you to this company? <input type="checkbox"/> GW Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Other		
If other, please list		
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(Proof of United States citizenship or immigration status will be required upon employment)		

List any relatives currently employed by Land of Lincoln Goodwill Industries. Indicate their relationship to you.

Education				
School Level	Name & Location of School	# of years attended	Did you graduate?	Subjects Studied
Elementary School				
High School				
College				
Trade, Business, Correspondence or Graduate School				

Employment History

Start with most recent position and list experience in chronological order. Attach additional sheets if necessary.

Name of most recent employer		
Address		City, State & Zip
Starting date	Leaving date	Job title
Starting salary		Final salary
Description of work		
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of supervisor	Title	Phone
Reason for leaving		

Name of employer		
Address		City, State & Zip
Starting date	Leaving date	Job title
Starting salary		Final salary
Description of work		
Name of supervisor	Title	Phone
Reason for leaving		

Name of employer		
Address		City, State & Zip
Starting date	Leaving date	Job title
Starting salary		Final salary
Description of work		
Name of supervisor	Title	Phone
Reason for leaving		

Name of employer		
Address		City, State & Zip
Starting date	Leaving date	Job title
Starting salary		Final salary
Description of work		
Name of supervisor	Title	Phone
Reason for leaving		

Technical and Professional Credentials

Technical or Professional License Number / State in which issued

Date Issued

Is it current? Yes No

Do you have a valid Illinois Driver License? Yes No

Class

(For positions that require a drivers license)

Military Record

Were you in the Armed Forces? Yes No

If yes, what branch

Dates of Duty: From _____ To _____

Type of Discharge

References

Below, give the names of 3 persons you are not related to, whom you have known at least one year.

Name	Phone Number	Business/Affiliation	Years Acquainted

Have you ever been discharged from a job? Yes No If yes, explain in detail:

Have you ever been convicted of an offense against the law, placed on supervision, forfeited collateral, or are you now under charges for any offense against the law? You may omit: (1) Traffic violations for which you paid a fine of \$75.00 or less; (2) Any offense committed before your 17th birthday which was finally resolved in a juvenile court or under a youth offender law; and (3) Sealed or expunged records of conviction or arrest. Yes No

If yes, explain in detail:

