

# Goodwill Industries of the Southern Piedmont

## Service Application

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_

Race: African-American \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_

Multi-Racial \_\_\_\_\_ Other \_\_\_\_\_

Birth date \_\_\_\_\_ Marital status \_\_\_\_\_

Citizenship \_\_\_\_\_ Language \_\_\_\_\_

Living Arrangements (independently, roommate, etc.) \_\_\_\_\_

No. of Dependent Children (Female/Ages) \_\_\_\_\_ (Males/Ages) \_\_\_\_\_

Disability: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Referral source \_\_\_\_\_ Referring counselor \_\_\_\_\_

Other agency involvement (Vocational Rehabilitation, DSS, etc) \_\_\_\_\_

Financial Assistance (TANF/AFDC) \_\_\_\_\_ Child support \_\_\_\_\_ Disability \_\_\_\_\_ Food stamps \_\_\_\_\_ Other \_\_\_\_\_

Annual Income for working households: ( ) \$0-\$9,999 ( ) \$10,000-\$19,999 ( ) \$20,000-\$29,999 ( ) \$30,000-\$39,999  
( ) \$40,000-\$49,999 ( ) \$50,000 - \$75,000 ( ) \$75,000 or above

Medical appliances and/or conditions \_\_\_\_\_

Medications \_\_\_\_\_ Allergies \_\_\_\_\_

Physician \_\_\_\_\_ Hospital \_\_\_\_\_

### Education

Elementary \_\_\_\_\_ Grade completed \_\_\_\_\_

High School \_\_\_\_\_ Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ (degree) \_\_\_\_\_

College \_\_\_\_\_ Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ (degree) \_\_\_\_\_

GED \_\_\_\_\_

### Military Service

Branch of Service \_\_\_\_\_ Dates \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Veteran \_\_\_\_\_ Vietnam \_\_\_\_\_

### Emergency Contact Information

Name	Relationship	Phone
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_____	_____	_____
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Do you have any criminal convictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you been enrolled in any other programs or services offered by Goodwill Industries previously? \_\_\_\_\_

If yes, which program(s)? \_\_\_\_\_

### **Employment History**

Please list all past and present employment beginning with your most recent:

1. Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Contact name and number \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Per \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Contact name and number \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Per \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Contact name and number \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Per \_\_\_\_\_

Reason for leaving \_\_\_\_\_

4. Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Contact name and number \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Per \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**I agree that false statements will constitute ground for dismissal.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**We consider applicants for services without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. I understand that supplying the information is for statistical purposes only.**

Program of interest \_\_\_\_\_ Interviewer \_\_\_\_\_

Program Manager \_\_\_\_\_ Date \_\_\_\_\_