



APPLICATION FOR EMPLOYMENT

Welcome to The Goodkind Group!

Thank you for taking the time to apply with The Goodkind Group, a leading New York City staffing service. After completing this application, a Goodkind representative will review your information and guide you through the next steps in our process. Please take the time to complete all fields thoroughly and completely as possible.

All information you provide will be kept confidential and will be used for employment purposes only.

As an Equal Opportunity Employer, Goodkind does not discriminate on the basis of age, race, color, ancestry, religion, creed, sex, national origin, disabilities, marital status, sexual preference or other protected classifications.

Please do not hesitate to contact your Goodkind representative if you have any questions at any point during this process.

Please enter your personal information on the next pages.

Completing the information as thoroughly as possible will greatly assist us in helping you achieve your career objectives

CONTACT INFORMATION:					
First Name:		Middle Initial:		Last Name:	
Nick Name:					
Primary Phone:		Mobile Phone:		Other Phone:	
Emergency Contact Name			Emergency Contact Phone Number		
Email Address:					
Date of Birth:					
Social Security Number/National ID:					
GENERAL INFORMATION:					
Eligibly to Work in the US:					
<input type="radio"/> US CITIZEN		<input type="radio"/> GREEN CARD HOLDER		<input type="radio"/> WORK VISA	
<input type="radio"/> OTHER _____					
How did you learn about the Goodkind Group?					
<input type="radio"/> WEB SITE	<input type="radio"/> REFERRAL	<input type="radio"/> CRAIGSLIST	<input type="radio"/> MONSTER		<input type="radio"/> CAREERBUILDER
<input type="radio"/> DICE	<input type="radio"/> LINKEDIN	<input type="radio"/> FACEBOOK	<input type="radio"/> TWITTER	<input type="radio"/> FREE JOB BOARD	
<input type="radio"/> OTHER _____					
ADDRESS INFORMATION:					
Permanent Address (Line 1)					
Address (Line2)					
City			Country		
State/Province			ZIP/Postal Code		
Other Address:					

Preference Information:			
Type of Work Desired:			
Date Available			
Distance/Time willing to travel			
Employment Preference			
<input type="radio"/> Contract/Temp	<input type="radio"/> Temp to Hire	<input type="radio"/> Direct Hire	<input type="radio"/> Contract
<input type="radio"/> Other (i.e. Full Time or Part Time):			
Shift:			
<input type="radio"/> First	<input type="radio"/> Second	<input type="radio"/> Third	
Desired Pay:		Desired Salary:	
<input type="radio"/> Hourly: _____		<input type="radio"/> Annual: _____	
Willing to Relocate			
<input type="radio"/> Yes	<input type="radio"/> No	Comment: _____	
If offered a job, are you willing to provide proof of identity and legal work authorization documentation?			
<input type="radio"/> Yes	<input type="radio"/> No	Comment: _____	
If offered a job, are you willing to take a skills test to determine your proficiency with required systems?			
<input type="radio"/> Yes	<input type="radio"/> No	Comment: _____	
Are you on social media?			
<input type="radio"/> Yes	<input type="radio"/> No	If so which: _____	
Would you like to receive regular emails about new opportunities from The Goodkind Group?			
<input type="radio"/> Yes	<input type="radio"/> No	Comment: _____	

Experience Information:			
Company (#1)		Job Title	
Start Date		End Date	
Reason for Leaving:			
Supervisor's Name		Supervisor's Title:	
Why Are you seeking a new role?			
May we contact this employer for a reference		Were you bonded in this position?	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Company (#2)			
Company (#2)		Job Title	
Start Date		End Date	
Reason for Leaving:			
Supervisor's Name		Supervisor's Title:	
May we contact this employer for a reference		Were you bonded in this position?	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Company (#3)			
Company (#3)		Job Title	
Start Date		End Date	
Reason for Leaving:			
Supervisor's Name		Supervisor's Title:	
May we contact this employer for a reference		Were you bonded in this position?	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

References:	
Reference #1	
First Name:	Last Name:
Company:	Title:
Email Address:	
Phone Number:	Mobile Phone:
Relationship:	Years Known:
City:	State:
Reference #2	
First Name:	Last Name:
Company:	Title:
Email Address:	
Phone Number:	Mobile Phone:
Relationship:	Years Known:
City:	State:
Reference #3	
First Name:	Last Name:
Company:	Title:
Email Address:	
Phone Number:	Mobile Phone:
Relationship:	Years Known:
City:	State:

Education:				
School/Institution				
Education Level:				
<input type="radio"/> High School	<input type="radio"/> College	<input type="radio"/> Graduate	<input type="radio"/> Professional	<input type="radio"/> Other: _____
Graduation Date:		Major(s):		Minor(s):
City			State/Country	
Start Date:			End Date:	
Did You Graduate?				
<input type="radio"/> Yes	<input type="radio"/> No	Comment: _____		
Certification(s):				
School/Institution				
Education Level				
<input type="radio"/> High School	<input type="radio"/> College	<input type="radio"/> Graduate	<input type="radio"/> Professional	<input type="radio"/> Other: _____
Graduation Date:		Major(s):		Minor(s):
City			State/Country	
Start Date			End Date	
Did You Graduate?				
<input type="radio"/> Yes	<input type="radio"/> No	Comment: _____		
Certification(s):				
School/Institution				
Education Level				
<input type="radio"/> High School	<input type="radio"/> College	<input type="radio"/> Graduate	<input type="radio"/> Professional	<input type="radio"/> Other: _____
Graduation Date:		Major(s):		Minor(s):
City			State/Country	
Start Date			End Date	
Did You Graduate?				
<input type="radio"/> Yes	<input type="radio"/> No	Comment: _____		
Certification(s):				

EEO Information:

The Office of Federal Contract Compliance requires certain employers to report on race, gender, veteran status and disability demographics for the purpose of analyzing applicant flow and preparing an Affirmative Action Plan only.

Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment.

Submission of this information is voluntary and will be kept confidential.

Please check the appropriate boxes that apply to you:

Are you a Veteran?

Yes
 No
 Unknown: _____

Please Select your Ethnicity

<input type="radio"/> Unknown	<input type="radio"/> American Indian/Alaskan Native	<input type="radio"/> Asian	<input type="radio"/> Pacific Islander
<input type="radio"/> Black or African American	<input type="radio"/> Hispanic or Latino	<input type="radio"/> White	<input type="radio"/> Other: _____

Please select your gender:

Male
 Female
 Other _____
 Unknown: _____

Do you consider yourself to have a disability?

Yes
 No
 Prefer not to identify
 Unknown: _____

Submit Information:		
Do you fully understand all the questions in the application?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Comment: _____
Are all the answers true, accurate and complete?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Comment: _____
Are you willing to take a drug test if offered a position?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Comment: _____
Are you willing to take a physical exam if offered a position that requires one?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Comment: _____

Certification and Agreement:
<p>By signing below, I agree to the following terms and conditions:</p> <ul style="list-style-type: none"> • I hereby affirm that the information I have provided on this form is true and complete. I understand that providing false, incomplete, or misleading information to Goodkind will result in the cancellation of this form and dismissal from or refusal of employment. • I understand that if I am employed by Goodkind, such employment will be on a “employee at will” basis, which means that I and Goodkind are free to terminate my employment at any time, with or without prior notice, except as may be required by law. • I consent to submit to testing for the detection of illegally used drugs or controlled substances. • If offered a job, and if requested by Goodkind, I will submit to a physical examination. • I agree to resolve any dispute, claim, or controversy that may arise between me and Goodkind regarding failure to be hired or termination from employment exclusively in accordance with your Dispute Resolution Policy, including mediation and binding arbitration of all such disputes. • I represent and warrant that I have fully read and completely understand the foregoing and seek employment under the conditions specified.

SIGNATURE: _____

NAME: _____

DATE: _____