

**DUE BACK NO LATER THAN 3 P.M. Wednesday May 31, 2023**  
**Goodwill Corporate Office: 4805 N 72<sup>nd</sup> St Omaha NE 68134**

Sponsored by



**A RESUME IS REQUIRED** to apply for this training program and be 18 years of age or older.  
*\* Resume must be attached to this application and written signature on the two background forms  
Upon completion of the CNA course, you will be required to work with one of the Specialist to find  
employment in the healthcare field.*

**Interviews held between Monday June 5<sup>th</sup> – Wednesday June 7<sup>th</sup> 9am – 3pm**

Are you available during the scheduled time listed below?

**Mandatory Orientation/Employability Classes Wednesday June 21<sup>st</sup> and Thursday June 22<sup>nd</sup> 10am – 1pm**

**CNA Class – Monday July 10<sup>th</sup> 8am - 4:45pm– Friday July 21<sup>st</sup> 8am-4:45pm**

**Employability**

If you cannot attend each scheduled time listed above, please do not continue this application. **This program requires attendance each and every day.**

**\*You will not be allowed to show up late or leave early.**

**\* All daycare and transportation needs to be set up before the first day of class.**

**Demographic Information – Please Print Clearly**

Date:

Last Name:

First Name:

Birth Date:



Social Security Number:	
Gender:	
Are you a US Citizen? Yes No	
Have you ever served in the military? Yes No	
Is English your primary language? Yes No	
Race/Ethnicity:	
Current Address:	Zip Code:
Phone Number:	
Current Email Address:	
How did you hear about this training program? (You can put a friend, organization, case manager, etc.)	
Current mode of transportation? Car, bus, or rides	
Emergency Contact/Relationship:	
Do you have a current Medication Aide license? Yes No	
Are you Covid-19 Vaccinated? Yes No	
Are you willing to get vaccinated for your new employment? Yes No	
Do you earn more than \$20,000.00 per year? Yes No	
Do you have a current state ID or driver's license? Yes No	
Do you have a Social Security Card? Yes No	
Does your name appear on any abuse and neglect registries in the United States? Yes No	
Are you able to pass a drug test? Yes No	
Would you be willing to complete a physical assessment? Yes No	
Have you committed a crime/do you have a criminal background? Yes No	
Please Explain: (List year of conviction)	

**Indicate employment needs or desires**

Desired Work Schedule (*the largest employment need is for evenings- 2<sup>nd</sup> and 3<sup>rd</sup> shift*)

- (1<sup>st</sup> shift) 7am – 3pm or 6am – 2pm \*this shift varies from employer to employer
- (2<sup>nd</sup> shift) 2pm – 10pm or 3pm – 11pm \*this shift varies from employer to employer
- Overnight shift – 10pm – 6am or 11pm – 7am \*this shift you are required to stay awake, and not allowed to sleep on the job

Preferred number of hours per week to work \_\_\_\_\_

Is your daycare already set up? Yes No \_\_\_\_\_

Do you have any daycare limitations? (*It isn't set up; only open specific hours, etc.*) \_\_\_\_\_

**Please answer the following question**

In a short **paragraph**, please describe what interests you about working in the medical field:

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**CONFIDENTIAL RELEASE and CONSENT**

_____	_____
Name (print)	SSN
_____	_____
Address	
_____	_____
Employment Solutions Program	DOB

Goodwill Industries is hereby authorized to receive and disclose the following information from the above stated individual. The following identifying information from record in their/our possession may be disclosed and/or received. Please mark yes next to the information that will be requested and no to items that are not included in this request:

Yes	No	Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Verification		Resume, Cover Letter, Letter of Explanation	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Evaluation/Assessments		Other (Specify)	

This authorization to verify employment/educational records/medical records and other such information may be revoked at any time except to the extent that the action has already been taken; otherwise, this authorization will expire **one year** from the date signed.

_____	_____
Participant Signature	Date
_____	_____
Parent/Guardian (if applicable)	Date
_____	_____
Goodwill Industries Staff (program affiliation)	Date

Are you currently working?

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Company Name:

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Start date:

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Work Schedule:

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1. What are you goals/plan after you finish the CNA class?

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2. What type of facility/employment are you interested in working at?

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3. Are you interested in furthering your medical career?

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4. Is there anything that is hindering you from completing the class successfully or finding employment (barriers)?

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Goodwill Employment Solutions program is offering a Free CNA to individuals that are interested in finding employment in the CNA field. Goodwill's Specialist's will work one on one with each individual to help them reach their employment goals. If you are accepted into the class and after completion of the course, you will be required to work with a Specialist with your job search and keeping the Specialist updated weekly on your job search. Communication is required. If you are in agreement to our expectations, thank you and good luck!

Print Name:

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Signature:

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### Goodwill Industries, Inc. Background Consent Forms

Check the appropriate box and initial to indicate which background check to complete.

\_\_\_\_\_ **CRIMINAL RECORDS CHECK CONSENT**

(Initials)

I understand that program participation at Goodwill Industries, Inc. can be subject to a criminal background check. I further understand that my program participation is contingent upon the results of such investigation.

I hereby authorize Goodwill Industries and its agent to conduct the necessary criminal investigation. I also have the right to see a copy of my criminal background check results that are furnished to Goodwill Industries, Inc.

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**DATE**

**PROGRAM PARTICIPANT DISCLOSURE AND AUTHORIZATION FORM**

**IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING THIS AUTHORIZATION**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Goodwill Industries, Inc. (“The Company”) may obtain information about you from a consumer-reporting agency for program participation purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may contain information regarding your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), and verification of your education or employment history including current position, worker’s compensation injuries or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by **One Source, The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645, [www.onesourcebackground.com](http://www.onesourcebackground.com)**. The scope of this notice and authorization is all-encompassing, however, allowing Goodwill Industries, Inc. to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your program participation to the extent permitted by law.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my program participation, if applicable. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**Last Name** \_\_\_\_\_ **First** \_\_\_\_\_

**Middle** \_\_\_\_\_

**Names/Alias** \_\_\_\_\_

**Social Security #\*** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth\*** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Driver’s License #** \_\_\_\_\_ **State of Driver’s License** \_\_\_\_\_

**Present Address** \_\_\_\_\_ **Phone Number** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



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

All Previous Addresses in the Last Seven Years

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\* This information will be used for background screening purposes only and will not be used as hiring criteria*

### SUMMARY OF RIGHTS UNDER THE FCRA

The federal Fair Credit Reporting Act (FCA) is designed to promote accuracy, fairness, and privacy of information in the files of every consumer reporting agency (CRA). You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under the state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commissions, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

1. You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you--such as denying an application for credit, insurance or employment must tell you and give you the name, address, and phone number of the CRA that provided the consumer report.
2. You can find out what is in your file. At your request, a CRA must give you the information in your file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on public assistance, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
3. You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data, of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRAs investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.



4. Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

5. You can dispute inaccurate items with the source of the information. If you tell anyone--such as a creditor who reports to the CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

6. Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

7. Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA, usually to consider an application with a creditor, insurer, employer, landlord, or other business.

8. Your consent is required for reports that are provided to employers or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

9. You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

10. You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

***Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer ResponceCenter, Room 130-A 600 Pennsylvania Ave. N.W., Washington D.C. 20580.***

The FCRA gives several different federal agencies authority to enforce the FCRA. For questions or concerns regarding:

**CRA's, creditors and others not listed below, please contact:**

Federal Trade Commission  
Consumer Response Center-FCRA,  
Washington, DC 20580 (877) 382-4357

**National banks, federal branches/agencies of foreign banks, please contact:**

Office of the Controller of the Currency  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219 (800) 613-6743

**Federal Reserve System member banks, please contact:**

Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551 (202) 452-3693

**Savings associations and federally chartered savings banks, please contact:**

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552 (800) 842-6929

**Federal credit unions, please contact:**

National Credit Union Administration  
775 Duke Street  
Alexandria, VA 22314 (703) 518-4600

Federal Deposit Insurance Corporation  
Division of Compliance & Consumer Affairs  
Washington, DC 20429 (800) 934-FDIC

**Air, surface or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission, please contact:**

Department of Transportation  
Office of Financial Management  
Washington, DC 20590 (202) 366-1306

**Activities subject to the Packers and Stockyards Act, 1921, please contact:**

Department of Agriculture  
Office of Deputy Administrator-GIPSA  
Washington, DC 20250 (202) 720-7051

