

# GOODWILL CAREER PATHWAYS PROGRAM APPLICATION

*Thank you for applying! At Career Pathways, our goal is to provide Goodwill employees with educational opportunities to build lifelong knowledge and skills that they can draw from to create a rewarding career. For the majority of our programs, both the training and time in attendance is paid. And, if an employee needs to borrow a computer and/or hotspot to participate online, these will be provided. Please print clearly and submit your completed application by email to [CareerPathways@goodwillcolorado.org](mailto:CareerPathways@goodwillcolorado.org) or as a text with attached photos to 719.318.6192. Upon receipt, we will contact you within three (3) business days.*

*Minimum qualifications:*

- 1) Goodwill of Colorado employee for 60 days*
- 2) No current disciplinary action*
- 3) May be subject to passing a reading and comprehension assessment*

*Please note:*

- *One employee per location may participate at a time*
- *Enrollment in this program may require a drug test and/or background check*
- *Employees may participate in two (2) Career Pathways courses in a calendar year*
- *Each Career Pathways course will require a set class size and may be delayed until minimum enrollment is met*

_____		_____		_____	
First Name		Middle Name / Initial		Last Name	
_____		_____		_____	
Street Address		City	State	ZIP Code	
_____		_____		_____	
County	Phone Number		Email Address		
What is your preferred contact method(s)?	Phone	Email	Text		
What is your Goodwill date of hire?	_____				
What is your current job title?	_____				
What is your hourly pay rate?	_____				
How many hours do you work per week?	_____				
At which Goodwill location do you work?	_____				
Do you have health insurance? Circle one.	Yes	No			

*Please describe your career goals:*

Check the box for the one Career Pathways course to which you are applying (\*indicates prerequisite coursework and/or other conditions apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Retail Operations      | <input type="checkbox"/> Transportation: Smith System  | <input type="checkbox"/> Transportation: Commercial Driver's License (CDL) – Colorado Springs area only* |
| <input type="checkbox"/> Warehouse & Logistics  | <input type="checkbox"/> Caregiving: Certified Nursing Assistant (CNA) – Colorado Springs area only* |  |
| <input type="checkbox"/> Continuous Improvement |  |  |
| <input type="checkbox"/> Caregiving: Caregiver  |  |  |

*I understand that I must be a Goodwill of Colorado employee for at least 60 days and not under disciplinary action to apply.*

_____	_____
Full Name of Applicant / Signature	Today's Date

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## MANAGER'S ACKNOWLEDGEMENT

*I understand that my employee has applied to take the course listed below through Goodwill's Career Pathways Program. The time commitment has been explained. Questions? Contact Career Pathways by email at [CareerPathways@goodwillcolorado.org](mailto:CareerPathways@goodwillcolorado.org) or send a text to 719.318.6192.*

Name of the employee who will attend the training: \_\_\_\_\_

In what department does the employee work? \_\_\_\_\_

**Check the box for one Career Pathways training to which your employee is applying  
(\* indicates prerequisite coursework and/or other conditions apply):**

- Retail Operations
- Warehouse & Logistics
- Transportation:  
Smith System
- Transportation:  
Commercial Driver's License (CDL)\*
- Caregiving: Caregiver
- Caregiving:  
Certified Nursing Assistant (CNA)\*

### Eligibility:

- This employee is temporarily ineligible to participate in the Career Pathways Program due to current disciplinary action (please provide an explanation and approximate date that the action will be resolved in the Manager's Comments/Suggestions section).*
- I affirm that the employee listed above has worked at Goodwill for at least 60 days and is not under disciplinary action.*

**Manager's Comments/Suggestions:**

\_\_\_\_\_  
Manager's Name (Print)

\_\_\_\_\_  
Manager's Department

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Manager's Phone Number

*For Career Pathways communication and coordination, will you be the primary point of contact? Circle one.*

Yes                      No

*If you prefer not to be the primary point of contact, please provide the name, phone number, and email address below of the person (i.e., assistant manager) who should be contacted for purposes of Career Pathways Program administration:*

\_\_\_\_\_