



PLEASE PRINT

TODAY'S DATE: _____ POSITION APPLIED FOR: _____ DATE AVAILABLE: _____

If applying for a position requiring a Commercial Driver's License, please complete CDL application

NAME: _____ HOME PHONE: _____ EMAIL ADDRESS: _____
Last First MI

ADDRESS: _____ DATE OF BIRTH IF UNDER 18 YEARS: _____
Street City State Zip

NAME OF RELATIVE(S) OR ACQUAINTANCE(S) EMPLOYED AT BLOOD CENTER: _____

As required by the Immigration Reform and Control Act of 1986, persons offered employment must provide acceptable proof of identity and authorization to work in the United States.

WORK AVAILABILITY: Full-Time Part-Time Temporary Willing to Rotate Shifts
Days Evenings Nights Weekends On-Call
REFERRAL SOURCE: On-line (please identify) _____ Job Line Blood Center Employee (name) _____
Rehire Walk-In Newspaper Other _____

REASON FOR INTEREST IN WORKING AT BLOOD CENTER: _____

ARE YOU COMPETENT IN SPEAKING, WRITING AND READING THE ENGLISH LANGUAGE WHILE PERFORMING JOB DUTIES? YES NO

	STATE ISSUED	NUMBER	EXPIRATION DATE
Valid Driver's License			
Professional License			

PERSONAL

GENERAL

LICENSES

EDUCATION / SKILLS

NAME OF SCHOOL, LOCATION & PHONE NUMBER	Circle Highest Level Completed GED 9 10 11 12	FROM		TO		DIPLOMA RECEIVED	MAJOR
		Mo.	Yr.	Mo.	Yr.		
High School	GED 9 10 11 12						
University/ College							
University/ College							
Technical/ Business							
Other							

LIST SPECIAL TRAINING, SKILLS, MACHINES OPERATED WHICH YOU FEEL WOULD BENEFIT THE BLOOD CENTER:

APPLICANT: A RESUME MAY BE ATTACHED, BUT APPLICATION MUST BE COMPLETED ACCURATELY AND IN ITS ENTIRETY FOR CONSIDERATION.

BEGINNING WITH YOUR MOST RECENT JOB, LIST BELOW IN ACCURATE CHRONOLOGICAL ORDER YOUR CURRENT AND FORMER EMPLOYERS DURING THE PAST TEN YEARS:

HUMAN RESOURCES MAY CONTACT CURRENT EMPLOYER FOR REFERENCES

EMPLOYMENT HISTORY

DATE OF EMPLOYMENT MONTH / YEAR	COMPLETE EMPLOYER NAME ADDRESS & PHONE NUMBER	NAME OF SUPERVISOR & PHONE NUMBER	APPLICANT JOB TITLE	REASON(S) EMPLOYER WILL GIVE FOR YOUR LEAVING	LAST SALARY
From					
To					
From					
To					
From					
To					
From					
To					
From					
To					

SEE BACK PAGE FOR ADDITIONAL SPACE

Have you ever been terminated from a job or resigned to avoid termination? Yes No

If yes, please explain fully including the full name of the employer.

Have you ever been disciplined by an employer for conduct, including dishonesty or breach of trust? Yes No

If yes, please explain fully including the full name of the employer.

Have you ever been charged or convicted of a criminal offense or agreed to enter into a pretrial diversion or similar program in connection with a prosecution? Yes No

NOTE: An arrest, charge or conviction will not necessarily disqualify you from consideration. The type of crime, seriousness and date of conviction will be considered.

If yes, please explain fully: _____

Please review this “Application for Employment” form and see that you have answered each category.

I certify that all my statements on this application are true, accurate and complete. I understand and agree that any misrepresentation or omission by me in this application (or in my resume or any other documents or communications with the Blood Center) may result in the cancellation and rejection of this application or termination of my employment regardless of when discovered. I understand that any employment relationship will at all times be considered “at will”, that is, terminable at the will of either Puget Sound Blood Center or me, with or without notice or cause. I acknowledge that any statements, representations or promises to the contrary are not authorized or enforceable unless in a written employment agreement signed by an authorized officer of Puget Sound Blood Center.

I understand that my employment is contingent upon proof of my identity and employment eligibility pursuant to the Immigration Reform and Control Act of 1986 and any statues and regulations related thereto.

I authorize the release of all high school, college and any other education records pertaining to my attendance, course work, conduct and other school activities. I authorize the disclosure of any and all information about me contained in private and government files or information obtained through an investigative agency relevant to this application for employment or relating to my present and former employment history, and I request all former educational institutions, employers and federal, state and local government agencies to please furnish Puget Sound Blood Center or its representative(s) with any and all information requested. I hereby agree to release and hold harmless all former employers, schools, federal, state and local government agencies for any damage or injury that is caused, in whole or in part, by the release of that information.

I release and agree not to bring suit against my former employers, schools and agencies from any liability of any nature whatsoever, that may arise from providing such information to Puget Sound Blood Center or its representative(s).

I understand that I may not be employed or my employment may be terminated if I am or have been convicted of a criminal offense including dishonesty, breach of trust, crime against a person or money laundering, if I admit or have admitted such an offense (including entering an "Alford plea"), or if I agree or have agreed to enter into a pretrial diversion or similar program in connection with a prosecution of such an offense. I also understand that if I am charged with any of the previously described crimes, I may at the sole discretion of Puget Sound Blood Center be terminated from employment if Puget Sound Blood Center determines, in its sole discretion, that it would be in its best interest to do so, regardless of the outcome of the matter.

I hereby acknowledge that I have read and understand the foregoing document. Under penalty of perjury, I certify that I have not omitted any facts or circumstances and that the information and communications that I have provided Puget Sound Blood Center hereon and throughout the hiring process is complete, truthful and accurate. I understand and agree that if any omission, inaccuracy or untruth is discovered, my application will be deemed void or, if I am hired, I may be terminated from employment, regardless of when the omission, untruth or inaccuracy is discovered.

Date

Signature of Applicant

Qualified applicants are considered for employment without regard to race, color, religion, national origin, sex, age (40+), disability, veteran status, marital status, creed, sexual orientation, ancestry or political ideology.

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