

PUGET SOUND BLOOD CENTER
921 Terry Avenue, Seattle, Washington 98104-1256

Dear Applicant for Employment:

Thank you for your interest in employment with the Puget Sound Blood Center.

Please take a moment to read through this letter, as it will provide you with additional information about the employment process with our organization.

Equal Employment Opportunity / Affirmative Action

The Puget Sound Blood Center is an Equal Employment Opportunity / Affirmative Action Employer committed to workforce diversity. 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.

Separate Application(s) for Each Position of Interest

It is the policy of the Puget Sound Blood Center that applicants submit a separate application/resume for EACH open position for which they wish to be considered. If you are applying for more than one open position, **you must submit a separate application for each position**, clearly identifying (by complete position title and shift, if specified) the opportunity for which you wish to be considered. Please note that the Puget Sound Blood Center does not accept applications/resumes for positions that are not currently open. Unsolicited materials will not be retained.

Response to Applications Submitted

Qualified candidates who are identified for interview by the hiring supervisor will be contacted directly by telephone. This will generally occur within 4 weeks of the submission of application materials. If you do not receive a telephone call within this time, you were not identified among the most appropriately qualified candidates. Application materials are maintained by the Human Resources department for a period of 30 days following submission.

To learn about our open positions, please log onto our website at www.psb.org and click on employment.

Again, thank you for your interest in employment with the Puget Sound Blood Center. We appreciate your time in reviewing this letter and completing the Application for Employment.

Human Resources

AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY
APPLICANT SELF-IDENTIFICATION FORM

Puget Sound Blood Center is an equal opportunity/affirmative action employer committed to diversity in the workplace. As a federal contractor/subcontractor, we are required to collect the following information for statistical reporting purposes. The information you provide will be kept completely confidential and completely separate from your application for employment, and will not be used in making employment decisions. Your cooperation in providing the information is strictly voluntary.

Name: _____ Date: _____

Job Applied For (*job number and job title*): _____

Referral Source (*employee, Blood Center website, newspaper website, etc.*): _____

Gender: _____ Male _____ Female

I self identify with the following group:

Please mark the applicable group (defined by Governmental terms):

_____ **HISPANIC OR LATINO**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ **BLACK or AFRICAN AMERICAN**

A person having origins in any of the Black racial groups of Africa.

_____ **NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER**

A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ **ASIAN**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ **AMERICAN INDIAN or ALASKA NATIVE**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation of community attachment.

_____ **WHITE**

A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ **TWO or MORE RACES**

All persons who identify with more than one of the above groups.



Puget Sound Blood Center

921 Terry Avenue, Seattle, WA 98104
(206) 292-6500 www.psbcc.org
An Affirmative Action/Equal Opportunity Employer

COMMERCIAL DRIVER APPLICATION

Only for those applying for positions requiring Commercial Drivers License
Submit with Application for Employment

Today's Date: _____

Name: _____ Phone: _____ Address: _____
Last First MI Home E-mail

Current Address: _____
Street City State Zip

Prior Addresses for past three years (attach additional page if necessary):

Street City State Zip

Street City State Zip

Street City State Zip

Information on valid commercial driver's license:

State issued: _____ Number: _____ Expiration Date: _____

Information on vehicle experience:

Type of vehicle	Extent of experience

List all motor vehicle accidents in which you were involved over last three years:

Date of accident	Description and location

If no accidents, please initial here: _____

List all on violations of motor vehicle laws and ordinances in which you were convicted or forfeited bond or collateral over last three years:

Date	Description and location

If no violations, please initial here: _____

Please provide information detailing facts and circumstances of any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle issued to you. If none, please state below that no such denial, revocation or suspension has occurred.

If no such circumstances described above, please initial here: _____

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 (and in my resume if provided) will 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 authorize the release of all driving records and driving information. To my former employers and schools, please furnish Puget Sound Blood Center or its representative(s) with any and all information requested. I release you, my former employers and schools, from any liability of any nature whatsoever, that may arise from providing such information to Puget Sound Blood Center or its representative(s).

I further consent to 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 CDL application for employment or relating to my present and former employment history, and I request all former employers and federal, state and local government agencies to supply said information to Puget Sound Blood Center or its representative(s).

I understand that I will not be employed or my employment will 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 suspended from employment without pay pending resolution of the charges against me or terminated from employment if Puget Sound Blood Center determines 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 the information that I have provided Puget Sound Blood Center hereon and throughout the hiring process is complete, truthful and accurate.

Date: _____ Signature of applicant: _____

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

Reviewed by: _____

MVR reviewed by: _____ Date: _____



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:

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).

Hiring Department: Please return completed application, resume, background check information, Fair Credit Reporting Act disclosure and Waiver forms and completed Applicant Interview Status form to Human Resources, Central Seattle, Room 309.

NEW HIRE AUTHORIZATION (to be completed by Hiring Department) Regular Temporary Schedule _____

(Days/Hours)

Starting Date: _____ Full-Time Part-Time Shift: _____ # Hrs/Wk: _____

Department Name: _____ Department #: _____ Job Title: _____ Wage: _____

Reports To: _____ Time Report#: _____ Work Phone: _____ Location: _____ Room#: _____

Manager/Supervisor Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____

Staff Reg. # _____

Position # _____

EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST

That I, _____, am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of Washington be released to my employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving record for employment purposes as defined in (C) below.

Signature	Date	WA License # or print full name and date of birth
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EMPLOYER ATTESTATION

- (A) That the company named below is an employer or prospective employer of the above named individual and that I am a representative authorized to bind said company.
- (B) That AMERICAN DRIVING RECORDS is acting as agent on behalf of Washington Employers who is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.
- (C) That abstracts of driver record shall be used exclusively to determine whether the above named individual should be employed to operate a school bus, commercial vehicle or for employment purposes related to driving by an individual as a condition of that individual's employment upon the public highways, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire and commercial vehicles as defined in Chapter 46.25 RCW.
- (D) That the information contained in the abstracts of driver records obtained from the Department shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130, attached in part for easy reference.

By affirming my signature below, I declare under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

Puget Sound Blood Center

Company Name

921 Terry Avenue, Seattle, WA 98104

Address

Authorized Officer's Name

Title

Signature

Date

This record must be maintained by the employer or prospective employer for a period of not less than two (2) years from the last date above. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.

July 26, 2009 Revisions for RCW 46.52.130

RCW 46.52.130 Abstract of driving record -- Access -- Fees -- Penalty.

(1) A certified abstract of the driving record shall be furnished only to: (a) The individual named in the abstract; (b) An employer or prospective employer or an agent acting on behalf of an employer or prospective employer, or a volunteer organization for which the named individual has submitted an application for a position that could require the transportation of children under eighteen years of age, adults over sixty-five years of age, or persons with mental or physical disabilities; (c) An employee or agent of a transit authority checking prospective volunteer vanpool drivers for insurance and risk management needs; (d) The insurance carrier that has insurance in effect covering the employer or a prospective employer; (e) The insurance carrier that has motor vehicle or life insurance in effect covering the named individual; (f) The insurance carrier to which the named individual has applied; (g) An alcohol/drug assessment or treatment agency approved by the department of social and health services, to which the named individual has applied or been assigned for evaluation or treatment; (h) City and county prosecuting attorneys; (i) State colleges, universities, or agencies for employment and risk management purposes; or units of local government authorized to self-insure under RCW 48.62.031; or (j) An employer or prospective employer or volunteer organization, or an agent acting on behalf of an employer or prospective employer or volunteer organization, for employment purposes related to driving by an individual as a condition of that individual's employment or otherwise at the direction of the employer or organization.

(2) Nothing in this section shall be interpreted to prevent a court from providing a copy of the driver's abstract to the individual named in the abstract, provided that the named individual has a pending case in that court for a suspended license violation or an open infraction or criminal case in that court that has resulted in the suspension of the individual's driver's license. A pending case includes criminal cases that have not reached a disposition by plea, stipulation, trial, or amended charge. An open infraction or criminal case includes cases on probation, payment agreement or subject to, or in collections. Courts may charge a reasonable fee for production and copying of the abstract for the individual.

(3) City attorneys and county prosecuting attorneys may provide the driving record to alcohol/drug assessment or treatment agencies approved by the department of social and health services to which the named individual has applied or been assigned for evaluation or treatment.

(4)(a) The director, upon proper request, shall furnish a certified abstract covering the period of not more than the last three years to insurance companies.

(b) The director may enter into a contractual agreement with an insurance company or its agent for the limited purpose of reviewing the driving records of existing policyholders for changes to the record during specified periods of time. The department shall establish a fee for this service, which must be deposited in the highway safety fund. The fee for this service must be set at a level that will not result in a net revenue loss to the state. Any information provided under this subsection must be treated in the same manner and subject to the same restrictions as certified abstracts.

(5) Upon proper request, the director shall furnish a certified abstract covering a period of not more than the last five years to state approved alcohol/drug assessment or treatment agencies, except that the certified abstract shall also include records of alcohol-related offenses as defined in RCW 46.01.260(2) covering a period of not more than the last ten years.

(6) Upon proper request, a certified abstract of the full driving record maintained by the department shall be furnished to a city or county prosecuting attorney, to the individual named in the abstract, to an employer or prospective employer or an agent acting on behalf of an employer or prospective employer of the named individual, or to a volunteer organization for which the named individual has submitted an application for a position that could require the transportation of children under eighteen years of age, adults over sixty-five years of age, or persons with physical or mental disabilities, or to an employee or agent of a transit authority checking prospective volunteer vanpool drivers for insurance and risk management needs.

(7) The abstract, whenever possible, shall include: (a) An enumeration of motor vehicle accidents in which the person was driving; (b) The total number of vehicles involved; (c) Whether the vehicles were legally parked or moving; (d) Whether the vehicles were occupied at the time of the accident; (e) Whether the accident resulted in any fatality; (f) Any reported convictions, forfeitures of bail, or findings that an infraction was committed based upon a violation of any motor vehicle law; (g) The status of the person's driving privilege in this state; and (h) Any reports of failure to appear in response to a traffic citation or failure to respond to a notice of infraction served upon the named individual by an arresting officer.

(8) Certified abstracts furnished to prosecutors and alcohol/drug assessment or treatment agencies shall also indicate whether a recorded violation is an alcohol-related offense as defined in RCW 46.01.260(2) that was originally charged as one of the alcohol-related offenses designated in RCW 46.01.260(2)(b)(i).

(9) The abstract provided to the insurance company shall exclude any information, except that related to the commission of misdemeanors or felonies by the individual, pertaining to law enforcement officers or firefighters as defined in RCW 41.26.030, or any officer of the Washington state patrol, while driving official vehicles in the performance of occupational duty. The abstract provided to the insurance company shall include convictions for RCW 46.61.5249 and 46.61.525 except that the abstract shall report them only as negligent driving without reference to whether they are for first or second degree negligent driving. The abstract provided to the insurance company shall exclude any deferred prosecution under RCW 10.05.060, except that if a person is removed from a deferred prosecution under RCW 10.05.090, the abstract shall show the deferred prosecution as well as the removal.

(10) The director shall collect for each abstract the sum of ten dollars, fifty percent of which shall be deposited in the highway safety fund and fifty percent of which must be deposited according to RCW 46.68.038.

(11) Any insurance company or its agent receiving the certified abstract shall use it exclusively for its own underwriting purposes and shall not divulge any of the information contained in it to a third party. No policy of insurance may be canceled, non-renewed, denied, or have the rate increased on the basis of such information unless the policyholder was determined to be at fault. No insurance company or its agent for underwriting purposes relating to the operation of commercial motor vehicles may use any information contained in the abstract relative to any

person's operation of motor vehicles while not engaged in such employment, nor may any insurance company or its agent for underwriting purposes relating to the operation of noncommercial motor vehicles use any information contained in the abstract relative to any person's operation of commercial motor vehicles.

(12) Any employer or prospective employer or an agent acting on behalf of an employer or prospective employer, or a volunteer organization for which the named individual has submitted an application for a position that could require the transportation of children under eighteen years of age, adults over sixty-five years of age, or persons with physical or mental disabilities, receiving the certified abstract shall use it exclusively for his or her own purpose: (a) To determine whether the licensee should be permitted to operate a commercial vehicle or school bus, or operate a vehicle for a volunteer organization for purposes of transporting children under eighteen years of age, adults over sixty-five years of age, or persons with physical or mental disabilities, upon the public highways of this state; or (b) for employment purposes related to driving by an individual as a condition of that individual's employment or otherwise at the direction of the employer or organization, and shall not divulge any information contained in it to a third party.

(13) Any employee or agent of a transit authority receiving a certified abstract for its vanpool program shall use it exclusively for determining whether the volunteer licensee meets those insurance and risk management requirements necessary to drive a vanpool vehicle. The transit authority may not divulge any information contained in the abstract to a third party.

(14) Any alcohol/drug assessment or treatment agency approved by the department of social and health services receiving the certified abstract shall use it exclusively for the purpose of assisting its employees in making a determination as to what level of treatment, if any, is appropriate. The agency, or any of its employees, shall not divulge any information contained in the abstract to a third party.

(15) Release of a certified abstract of the driving record of an employee, prospective employee, or prospective volunteer requires a statement signed by: (a) The employee, prospective employee, or prospective volunteer that authorizes the release of the record, and (b) the employer or volunteer organization attesting that the information is necessary: (i) To determine whether the licensee should be employed to operate a commercial vehicle or school bus, or operate a vehicle for a volunteer organization for purposes of transporting children under eighteen years of age, adults over sixty-five years of age, or persons with physical or mental disabilities, upon the public highways of this state; or (ii) for employment purposes related to driving by an individual as a condition of that individual's employment or otherwise at the direction of the employer or organization. If the employer or prospective employer authorizes an agent to obtain this information on their behalf, this must be noted in the statement. This subsection does not apply to entities identified in subsection (1)(i) of this section.

(16) Any negligent violation of this section is a gross misdemeanor.

(17) Any intentional violation of this section is a class C felony.