

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

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Dear Applicant for Employment:

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

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 and Program 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 and Program 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 which 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.psbcc.org](http://www.psbcc.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: \_\_\_\_\_

List prior employers for past three years where you were subject to Federal Motor Carrier Safety Regulations and if the job required alcohol and drug testing requirements as defined by 49 CFR part 40:

Employer name	Did job require alcohol and drug testing requirements as defined by 49 CFR part 40?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

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.

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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 all mentioned above 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:

HUMAN RESOURCES MAY CONTACT CURRENT EMPLOYER FOR REFERENCES

**EMPLOYMENT HISTORY**

DATE OF EMPLOYMENT MONTH / YEAR	<u>COMPLETE</u> 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.

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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.

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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: \_\_\_\_\_

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**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 all information requested to an investigative agency or Puget Sound Blood Center. Furthermore I release all parties mentioned above from any liability and responsibility 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.

EMPLOYMENT HISTORY

DATE OF EMPLOYMENT MONTH / YEAR	<u>COMPLETE</u> 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					