



EMPLOYMENT APPLICATION

Shepard Community Blood Center is an equal opportunity employer who is committed to diversifying its workforce. Applicants will receive consideration for employment without regard to race, color, gender, religion, national origin, age, citizenship, height, weight, marital or veteran status, disability or any other protected status.

ANSWER ALL QUESTIONS – PRINT CLEARLY

PERSONAL

Today's Date: _____ E-mail Address: _____

Name: _____ (Last) (First) (Middle)

Address: _____ (Number) (Street) (City) (State) (Zip)

Home Phone: _____ Cell: _____ Business Phone: _____

Best time to reach you: _____

Are you 18 years or older? Yes _____ No _____

If not, will you be able to furnish a Work Permit? Yes _____ No _____

Are you legally eligible to work in the USA? Yes _____ No _____

Have you filed an application here before? Yes _____ No _____

If yes, date(s): _____ Have you been employed here before? Yes _____ No _____

If yes, date: _____ If yes, name under which employed, if different _____

Previous position: _____ Supervisor: _____

Reason for leaving: _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Are you currently on "lay off" status/subject to recall? Yes _____ No _____

List any friends or relatives already employed here: _____

How did you learn about this position: Newspaper _____ Walk-in _____

Referred by: _____ Other: _____

EMPLOYMENT DESIRED

Position(s) applied for: _____

Please indicate experience and skills that relate to the position(s) applied for: _____

Full Time _____ Regular Part Time _____ Part Time _____ Temporary/Contingent _____ (30-40 hrs/per week) (20-30 hrs/per week) (20 hrs/per week)

Expected rate of pay: _____ Date you can start: _____

Shift Preference: Days _____ Afternoons _____ Midnight _____ Week-ends _____

Can you travel if a job requires it? Yes _____ No _____

In case of an emergency notify: Name: _____ Telephone: _____

Address: _____

PAST AND PRESENT EMPLOYERS

List below all present and past employment, beginning with your most recent employer:

_____ Company Name	_____ Address
_____ Type of Business	_____ Phone Number
From _____ To _____ Mo/Yr Mo/Yr	Salary _____ Starting Ending
Job Title: _____	
Describe the work you did: _____ _____	
_____ Reason for Leaving	_____ Supervisor's Name

_____ Company Name	_____ Address
_____ Type of Business	_____ Phone Number
Job Title: _____	
From _____ To _____ Mo/Yr Mo/Yr	Salary _____ Starting Ending
Describe the work you did: _____ _____	
_____ Reason for Leaving	_____ Supervisor's Name

_____ Company Name	_____ Address
_____ Type of Business	_____ Phone Number
Job Title: _____	
From _____ To _____ Mo/Yr Mo/Yr	Salary _____ Starting Ending
Describe the work you did: _____ _____	
_____ Reason for Leaving	_____ Supervisor's Name

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(Check Skills/Equipment Operated)

_____ Word	_____ Excel	Other (list)
_____ Access	_____ PowerPoint	_____
_____ Outlook	_____ Other	_____

EDUCATION

Name and City

No. Yrs.
Completed

Did you
Graduate

List Diploma
or degree

High School _____

College _____

Other (Specify) _____

Professional License or Registration **Number** (including CDL) _____

CDL License P **Endorsement** Yes _____ No _____ (P-Passenger Endorsement required for CDL drivers)

MILITARY

Have you been in the Armed Forces of the United States? Yes _____ No _____

If yes, what branch? _____

Discharge Date _____ Rank at Discharge _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you able to do the essential functions of the job as described to you? Yes _____ No _____

PROFESSIONAL/WORK REFERENCES

1.	_____	_____	_____	_____
	Name	Address	Phone	# of Yrs Known
2.	_____	_____	_____	_____
	Name	Address	Phone	# of Yrs Known
3.	_____	_____	_____	_____
	Name	Address	Phone	# of Yrs Known

ADDITIONAL INFORMATION:

Have you ever been convicted of a crime (i.e. misdemeanor or felony)? Yes _____ No _____

If yes, when, where and nature of offense: _____

A conviction will not automatically bar you from employment. Each conviction will be evaluated on its own merits with respect to the offense, the date of the conviction and the sentence imposed. All circumstances will be considered.

Please state any additional information you feel may be helpful to us.

As a Federal Contractor, Sheppard Community Blood Center is required to track and report the race, ethnicity and gender of applicants to the Office of Federal Contract Compliance Programs (OFCCP). The OFCCP regulations require covered federal contractors to collect information about the gender, race and ethnicity of each applicant for employment.

If you **voluntarily** choose to do so, please indicate your race, ethnicity and gender in the spaces provided below.

Race: _____ Ethnicity: _____ Gender: _____

APPLICANT’S AUTHORIZATION AND ACKNOWLEDGEMENT OF CONDITIONS

TRUTHFULLNESS OF APPLICATION INFORMATION – I represent to Shepeard Community Blood Center (SCBC) that all the information provided by me now or in the future in support of my application for employment is true and complete. If hired, I agree that any false information, misrepresentation, or material omission provided by me in this application or in support of my application may result in discipline or discharge.

AUTHORIZATION OF DISCLOSURES – I understand and agree that SCBC or its **agents** may verify all information furnished in this application or in support of this application. I authorize SCBC to **contact** any of the appropriate individuals, companies, institutions, or agencies for the purpose of verification. I authorize all individuals and organizations named or referred to in this application to provide information relative to such verification. I understand and agree that they may express their opinions about me and my past or future performance. I release such individuals, companies, institutions or agencies from any and all liability for any claim or damage resulting from the verification process. I further authorize them to release such information from my personnel record, including my prior disciplinary record, as SCBC requires, without any obligation to give me written notice of such disclosure, and I release them from any and all claim or damage resulting from the disclosure of information from my personnel record.

I understand that Shepeard Community Blood Center (SCBC) prohibits the use of illegal drugs and that a post-offer physical examination, including a drug screen is required prior to commencing employment. Such examination would be conducted by a physician or clinic selected by SCBC. I hereby authorize any such physician or clinic to release to the company such information derived from that examination as SCBC requires. I waive any claims that I might have on account of the physician’s examination and drug screen requirement.

I hereby waive any claims that I might have on account of any such inquiries and disclosures, and by signing below, I release SCBC, its officers, employees, agents, affiliates, successors and assigns from any and all liability whatsoever that might arise on account of such inquiries and disclosures.

In connection with my application for employment, I authorize a background check of previous employment and conviction only criminal history.

ACCOMMODATION OF COVERED DISABILITIES – I understand that SCBC will accommodate, to the extent required by the State and Federal law, **employees with covered disabilities** to allow access to SCBC facilities and employment opportunities. I further understand that I have 182 days from this date **to identify** such an accommodation **and** to file a written request for such accommodation.

EXPIRATION OF APPLICATION – I agree that this application will be considered only for a period of six months after its date. After this six month period, this application will be null and void. Any continuing interest in employment with SCBC must be evidenced by later applications for employment.

DOCUMENTATION AND CERTIFICATION OF AUTHORIZATION TO WORK IN THE UNITED STATES – I agree my employment is conditional upon satisfactory completion of documentation as required by Immigration Reform and Control Act of 1986. I certify that I am legally authorized to work in the United States. I understand that any offer of employment is conditional upon my ability to provide documents proving both my identity and authorization to work in the United States and that failure to produce such documents will result in revocation of the offer of termination of employment.

AT WILL EMPLOYMENT - I agree that either party may terminate the employment relationship for any reason, with or without cause, at any time or without advance notice or warning, and that SCBC’s decision is not reviewable outside the company (except as may be provided by applicable **statute**). I understand and agree that no employee, manager, executive, board member, or other representative of SCBC, other than the president, has any authority to enter into any agreement for employment for any specified period of time or to make any oral or written representation or practice contrary to the at-will nature of my employment. I further understand and agree that only an agreement in writing expressly for the purpose of modifying the at-will nature of my employment and signed by me and the president of the company can modify the at-will nature of my employment. I understand and agree that no other oral or written statement, policy or practice can change the at-will nature of my employment.

I agree to abide by all rules and regulations of SCBC.

Signature

Date

Thank you for considering Shepeard Community Blood Center during your job search.