

## APPLICATION FOR EMPLOYMENT

The Northern California Community Blood Bank is an Equal Opportunity Employer

### PERSONAL INFORMATION

Name: (Last)	(First)	(Middle Initial)	Home Telephone
Address:	(City)	(State)	(Zip) Other Telephone
Email Address:	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have friends or relatives working at Northern CA Community Blood Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state names and relationships: _____			

### POSITION

Position Or Type Of Employment Desired:	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Overtime  <b>Shift:</b> <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Rotating	
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that cannot be performed: _____		
<small>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)</small>		
Salary Desired:		Date Available:

### EDUCATION AND TRAINING

High School, College, Business/Trade School (Most Recent First)				
Name and Location	Dates Attended (Mo & Yr)	Graduated?	Degree & Year	Major or Subject
	From:			
	To:			
	From:			
	To:			
	From:			
	To:			
Occupational License, Certificate or Registration:	Number	Where Issued		Expiration Date
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### REFERENCES

Name	Address	Telephone	Occupation & Relationship	Yrs Known

### GENERAL INFORMATION

Special Skills and Activities: _____
Is there anything else we should know about you? _____

**MILITARY**

Duty/Specialized Training:	Date of Entry	Date of Discharge
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**EMPLOYMENT**

List last employment first. Include all prior experience or employers related to the job you are applying for, using an extra sheet of paper if necessary.

Employer:	Telephone Number	From (Month/Year)
Address:		To (Month/Year)
Job Title:		Hours Per Week
Specific Duties:		Last Salary
		Supervisor
Reason for Leaving:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Telephone Number	From (Month/Year)
Address:		To (Month/Year)
Job Title:		Hours Per Week
Specific Duties:		Last Salary
		Supervisor
Reason for Leaving:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Telephone Number	From (Month/Year)
Address:		To (Month/Year)
Job Title:		Hours Per Week
Specific Duties:		Last Salary
		Supervisor
Reason for Leaving:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Please read carefully and sign below:**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Northern California Community Blood Bank (Company) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

I understand that the Northern California Community Blood Bank is a drug-free workplace.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_