



# DOT-EMPLOYMENT APPLICATION

**COMMUNITY BLOOD CENTER**  
OF THE OZARKS  
not-for-profit organization

**220 W. Plainview Rd. • Springfield, Missouri 65810**

**TO APPLICANT:** Community Blood Center of the Ozarks (CBCO) is an equal opportunity employer. It is the policy of CBCO to recruit, hire and promote employees in a manner which does not discriminate against any individual because of race, creed, color, religion, national origin, sex, age, or disability. CBCO takes affirmative steps to hire and promote veterans, females, and minorities. CBCO receives many applications each week. Please be assured that every application is reviewed even though not every applicant is interviewed.

Position applied for: _____
Job number: _____
Minimum salary expected _____

**Please print all information:**

Name \_\_\_\_\_  
(First) (Middle) (Maiden Name, if any) (Last) (Date of Birth)

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

Address For Past Three Years: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

\_\_\_\_\_ How Long? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

Do you smoke?(Optional) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_

EDUCATION	ELEMENTARY	HIGH SCHOOL	COLLEGE	GRADUATE
Circle Highest Grade Completed	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4	
	<small>(Name &amp; Location)</small>		<small>(Name, Location &amp; Course-Degree)</small>	

HIGH SCHOOL \_\_\_\_\_ COLLEGE \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver Licenses	State	License No.	Type	Expiration Date

### DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates	Approx. No. of Miles Total
Straight Truck			
Tractor and Semi-Trailer			
Other			

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

<b>PERSONNEL DEPT. USE ONLY</b>	
Call for Interview _____	
Starting Date _____	
License Check _____	
Dept. _____ Shift _____	
Position _____	
Job Code _____	
Physical Date _____	

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_  
 B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

**IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.**

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, explain fully \_\_\_\_\_

(Conviction of a crime does not preclude employment at CBCO. The facts of each case will be considered.)

If you are not a U.S. citizen, do you have a legal right to reside and work in the U.S.? \_\_\_\_\_

**EMPLOYMENT RECORD**

List the last four positions you have held — give last position first. You may not be considered for work at CBCO unless this section is completed accurately and truthfully. Misrepresentations or omissions will be grounds for termination.

COMPANY NAME	DATES EMPLOYED	TYPE OF WORK	REASON FOR LEAVING (MUST BE COMPLETED)
Name _____ Address _____ City & State _____ Phone _____	From _____ To _____ Final Earnings \$ _____ per _____	_____ _____ Supervisor _____	_____ _____ _____ _____
Name _____ Address _____ City & State _____ Phone _____	From _____ To _____ Final Earnings \$ _____ per _____	_____ _____ Supervisor _____	_____ _____ _____ _____
Name _____ Address _____ City & State _____ Phone _____	From _____ To _____ Final Earnings \$ _____ per _____	_____ _____ Supervisor _____	_____ _____ _____ _____
Name _____ Address _____ City & State _____ Phone _____	From _____ To _____ Final Earnings \$ _____ per _____	_____ _____ Supervisor _____	_____ _____ _____ _____

Have you ever been fired from a job before? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Have you ever been given a disciplinary warning before? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ May we contact your present and past employers for references? \_\_\_\_\_

How were you referred to Community Blood Center of the Ozarks (CBCO)?

Newspaper Ad (specify) \_\_\_\_\_  By Employee (name) \_\_\_\_\_

School (name) \_\_\_\_\_  Other (specify) \_\_\_\_\_

**This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.**

I understand that any misrepresentation or omission of information requested on this form is grounds for immediate dismissal. In consideration of my employment, I agree to conform to all rules and regulations of CBCO. I authorize any reference source to provide CBCO with any and all information concerning my previous work and /or school records and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I further agree that CBCO may furnish like information to those with whom I may hereafter seek employment and hereby agree to save CBCO free and harmless from any and all liability therefore. I understand that my employment at CBCO depends on many factors to include, but not limited to, satisfactory performance of my duties, my compliance with CBCO policies and procedures, availability of work for which I am trained, and various other factors. I understand that CBCO operates 24 hours a day, 7 days a week, and that although an initial schedule has been explained to me, I realize I may be required to work differing schedules with changes in the days of the week I work, differing shifts, and greater or fewer days in a pay period depending on the needs of CBCO. I also realize that in order for the CBCO to maintain its standards and orderly operation, I may be required to sometimes work overtime. I understand also that my employment at CBCO is conditional upon meeting the medical/physical standards set by CBCO. I understand that my employment is subject to termination at any

**Application Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_