

PRE-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.

HR USE ONLY

Call for Interview _____

Starting Date _____

License Check _____

Dept. _____ Shift _____

Position _____

Starting Rate _____

Position applied for: _____

Minimum salary expected _____

Please print all information:

APPLICANT'S NAME _____

MAIDEN OR FORMER NAME _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

Have you previously been employed at CBCO? _____ If so, when? _____

List special skills and machines you can operate _____

Can you type? _____ Words per minute? _____

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.? _____

EDUCATION	ELEMENTARY	HIGH SCHOOL	COLLEGE	GRADUATE SCHOOL
Circle Highest Grade Completed	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

(Name & Location)

(Name, Location & Course-Degree)

HIGH SCHOOL _____ COLLEGE _____

If you are licensed, registered or certified, please fill in the following information:

Where did you receive your professional training? _____ License Type _____

School Name _____ City _____ State _____

List each state you are licensed in _____ In which state(s) are you currently active? _____

Dates of training: _____ Are you certified or registered? _____

Certificate or Registry No. _____ State of Registry _____

Do you smoke? _____ (optional) If so, how much? _____

(As an Equal Opportunity Employer, CBCO takes affirmative steps to place qualified applicants with good work records in jobs at CBCO)

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 _____	_____ _____ _____ _____

Please give names and phone numbers of three personal references (not relatives).

_____	Phone _____
_____	Phone _____
_____	Phone _____

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)?

- | | |
|---|---|
| <input type="checkbox"/> Newspaper Ad (specify) _____ | <input type="checkbox"/> By Employee (name) _____ |
| <input type="checkbox"/> School (name) _____ | <input type="checkbox"/> Other (specify) _____ |

I certify that the information contained in this application is correct to the best of my knowledge and understanding 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 time by either myself or CBCO and that I have no contractual right of employment.

Application Date: _____ **Applicant's Signature** _____