



# 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	
	(Name & Location)	(Name, Location & Course-Degree)		

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:** \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY DATA

### VOLUNTARY APPLICANT SELF-ID FORM

Company is a Government Contractor subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights and affirmative action laws. As a Government Contractor, Company is required to take affirmative action to employ and advance in employment women, minorities, individuals with disabilities and protected veterans. In order to comply with applicable law, Company invites applicants to voluntarily self-identify their gender, race or ethnicity and protected veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable law, including those that require the information to be summarized and reported to the federal government for civil rights enforcement and affirmative action. This form will be kept in a confidential file separate from your application for employment. When reported, data will not identify any specific individual. If you would like to be included in our affirmative action program, please identify below.

Name:		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
Location:	Position Applied For:	
Date:	Referral Source:	
<b>Race and Ethnic Identification:</b>		
Are you Hispanic or Latino? ( <i>“Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.”</i> )		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If your answer to the previous question was “no,” please identify what race(s) you consider yourself to be:		
<input type="checkbox"/> <b>White (Not Hispanic or Latino)</b> - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.		
<input type="checkbox"/> <b>Black or African American (Not Hispanic or Latino)</b> - A person having origins in any of the black racial groups of Africa.		
<input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)</b> - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
<input type="checkbox"/> <b>Asian (Not Hispanic or Latino)</b> - 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.		
<input type="checkbox"/> <b>American Indian or Alaska Native (Not Hispanic or Latino)</b> - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.		
<input type="checkbox"/> <b>Two or More Races (Not Hispanic or Latino)</b> - All persons who identify with more than one of the above five races.		

**Veteran Identification:**

**This company is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:**

- (1) A "**disabled veteran**" is one of the following:
  - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or
  - A person who was discharged or released from active duty because of a service-connected disability.
- (2) A "**recently separated veteran**" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- (3) An "**active duty wartime or campaign badge veteran**" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- (4) An "**Armed Forces service medal veteran**" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATION OF PROTECTED VETERAN LISTED ABOVE**
- I AM NOT A PROTECTED VETERAN**

**Decline Self Identification: If you do not wish to self-identify, please check the box below.**

- I DO NOT WISH TO PROVIDE THIS INFORMATION**