SOUTHEASTERN COMMUNITY BLOOD CENTER

1731 Riggins Road, Tallahassee, Florida 32308
Ph. 850/877-7181 ● 800-722-2218
Fax: 850/877-7435 ● www.scbcinfo.org

EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT:

Last Name	First Name	Middle Name	Previously Used Name(s)

Address	Street	City	State	Zip Code

Telephone Numbers			Social Security Number (*Required for background checks*)
Home: ( )	Cell: ( )	Work: ( )	- -

Position Applied For	Date of Application

How did you learn about this vacancy?
☐ Newspaper advertisement ☐ Friend/Relative or Blood Center Employee ☐ Employment agency ☐ Website ☐ Other:

What date would you be available to begin work? Give date:

Are you available to work: ☐ Full-time ☐ Part-time Are you available for shift work? ☐ Days ☐ Evenings ☐ Nights

	YES	NO
Have you ever applied with us or been employed with us before? If yes, give date:		
Are you available to travel if this position requires it?		
Can you show proof of your eligibility to work in the United States? *(Proof of citizenship or immigration status will be required upon employment.)*		
Are you fluent in English?		
Are you under 18 years of age? If so, do you have proof of your eligibility to work?		
Have you ever been a defendant in a civil action for an intentional tort? If yes, please describe the nature of the intentional tort (e.g., fraud, assault, battery, etc.) and the disposition of the action. _____ _____ _____		
Have you ever been convicted of a crime? If yes, describe the nature of the crime, the date of any conviction, and the nature of any penalty imposed. *(Conviction of a crime will not necessarily disqualify you from employment.)* _____ _____ _____		

We are a drug free workplace and an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Drug testing is required for employment.

EDUCATION/TRAINING

	Name and Address of School	Curriculum\ Course of Study	Did you complete or graduate?	Dates of Completion\ Graduation	If so, what type of diploma or degree did you earn?
High School					
Undergraduate College					
Graduate Professional					
Technical or Other Education/Training					

Describe any specialized and/or technical training, apprenticeship, skills, extra-curricular activities or U.S. military training received. List professional, trade, business or civic activities and offices held.
(*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

Specialized Skills

Skills/Equipment Operated:

Computer ☐	Word/WordPerfect ☐	Excel/Lotus ☐	Database ☐	BBCS ☐

Licenses Held:

Phlebotomy:	Medical Assistant:	Lab Tech:	EMT/Paramedic:	LPN/RN:
Do you have a driver license: ☐ Yes ☐ No Driver License #: Is this driver license a CDL? ☐ Yes ☐ No		Professional License #: Title:		Other Skills:

OTHER QUALIFICATIONS:

Summarize any special job-related skills or qualifications you have acquired from previous employment, on-the-job training or experience not listed above. State any additional information you feel may be helpful to us in considering your application.

_____

_____

_____

_____

EMPLOYMENT EXPERIENCE

List all employment experience beginning with your current or most recent job. Include any job-related military service assignments or volunteer activities. **Account for any gaps in employment dates (i.e., in school, stay-at-home, etc.).** You may exclude organizations which indicate race, color, religion, gender, age, national origin, disabilities or other protected status.

(If you need additional space, please continue on a separate sheet of paper.)

1.

Employer	**Dates Employed**		**Work Performed**
Address	**From**	**To**	
	Starting Pay Rate	**Final Pay Rate**	
Phone Number			
Job Title			
Supervisor	**Are you eligible for rehire?**		
Please state the number of days you were absent in the last year of your employment:			
Detailed Reason for Leaving:			

2.

Employer	**Dates Employed**		**Work Performed**
Address	**From**	**To**	
	Starting Pay Rate	**Final Pay Rate**	
Phone Number			
Job Title			
Supervisor	**Are you eligible for rehire?**		
Please state the number of days you were absent in the last year of your employment:			
Detailed Reason for Leaving:			

3.

Employer	**Dates Employed**		**Work Performed**
Address	**From**	**To**	
	Starting Pay Rate	**Final Pay Rate**	
Phone Number			
Job Title			
Supervisor	**Are you eligible for rehire?**		
Please state the number of days you were absent in the last year of your employment:			
Detailed Reason for Leaving:			

4.

Employer	**Dates Employed**		**Work Performed**
Address	**From**	**To**	
	Starting Pay Rate	**Final Pay Rate**	
Phone Number			
Job Title			
Supervisor	**Are you eligible for rehire?**		
Please state the number of days you were absent in the last year of your employment:			
Detailed Reason for Leaving:			

ADDITIONAL INFORMATION, REFERENCES AND STATEMENT

ADDITIONAL APPLICANT INFORMATION:

(These questions must be answered in order for your application to be considered.)

Are you currently employed? ☐ YES ☐ NO

May we contact your present employer? ☐ YES ☐ NO

Have you received and read the skill requirements outlined in the position description for the job for which you are applying? ☐ YES ☐ NO

Can you satisfy the skill requirements involved in this position? ☐ YES ☐ NO

REFERENCES:

1. _____ _____
   Name Phone Number

   _____ _____
   Address Relationship

2. _____ _____
   Name Phone Number

   _____ _____
   Address Relationship

3. _____ _____
   Name Phone Number

   _____ _____
   Address Relationship

APPLICANT'S STATEMENT AND CONSENT:

I certify that the information given in this application is true and complete to the best of my knowledge. I authorize investigation by Southeastern Community Blood Center (SCBC) of all statements made in this employment application as may be necessary in arriving at an employment decision. I consent to Southeastern Community Blood Center contacting all former employers and references, and current employer, if indicated above.

I also consent to the Southeastern Community Blood Center checking the status of all licenses listed, my driving record and criminal history.

This application shall be considered active for a period not to exceed 45 days. Anyone wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with SCBC is of an "at will" nature, meaning that the employee may resign at any time and that SCBC may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by authorized personnel of SCBC.

In the event of employment with SCBC, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Southeastern Community Blood Center.

_____

Signature of Applicant Date

APPLICANT VOLUNTARY INFORMATION

Position: _____ **Date:** _____

Branch: _____

This information is requested in order to collect data for Southeastern Community Blood Center's reporting to the U.S. Equal Employment Opportunity Commission (EEOC) as well as provide data on recruitment of employees. The form is not attached to your application for employment. You are not required to complete this voluntary form.

Ethnic Background:

- ☐ Hispanic or Latino
- ☐ White (Not Hispanic or Latino)
- ☐ Black or African American (Not Hispanic or Latino)
- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- ☐ Asian (Not Hispanic or Latino)
- ☐ American Indian or Alaska Native (Not Hispanic or Latino)
- ☐ Two or More Races (Not Hispanic or Latino)

Gender: ☐ Male ☐ Female

How did you hear about the position?

- ☐ SCBC Intranet/Bulletin Board
- ☐ Employment website such as CareerBuilder.com
- ☐ WorkForce Plus
- ☐ AABB Website
- ☐ ABC Website
- ☐ SCBC Website
- ☐ Newspaper ad in: _____
- ☐ Friend/SCBC Employee
- ☐ ABC Newsletter
- ☐ Other _____