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EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

COMPLETE ENTIRE APPLICATION. Incomplete applications will not be considered for employment. Type or print in ink. You may attach extra pages if needed. **Attached pages must be signed and dated.**

It is our policy that there shall be no discrimination on the basis of race, religious creed, color, national origin, ancestry, disability, medical condition (as defined in California Government Code Section 12926), marital or veteran status, sex, sexual orientation, sexual identification, age or any other protected classification in any aspect of employment or opportunity for employment including recruitment, selection, training, utilization, promotion or termination.

Application Date	Position Desired:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Salary Desired	Date Available for Work
Name: Last	First	M		Telephone Number ()
Address: Street	Apt. #	City		State Zip Code

Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been previously employed by the San Diego Blood Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No From: To: Location:	Email Address:
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Are you related to anyone at the San Diego Blood Bank? No Yes Name Location

Have you ever been convicted of a criminal offense? In answering this question, the following convictions do not require you to respond "Yes": (1) any marijuana-related conviction that occurred more than 2 years ago; (2) a conviction for any offense for which you were referred to, and participated in, a pre- or post-trial diversion program; (3) any conviction that has been sealed, expunged or eradicated by order of the Court, or (4) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by the Court. An affirmative response will not result in your automatic disqualification from employment.
 No Yes If yes, provide the following information:

Date of conviction County and state of conviction Offense convicted of

If hired, can you submit verification of your right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referral Source <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Job Fair – Where?	<input type="checkbox"/> Employee Referral – Who? <input type="checkbox"/> Ad-Publication, Internet site - Which? <input type="checkbox"/> Employment Agency – Which? <input type="checkbox"/> Other
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Are you known to schools/employers by other former legal name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name(s)?	Will you travel if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION

Indicate highest grade completed in each area	School	Location	Major	Degree	Graduated?	Year Graduated
High School Years Completed _____ GPA _____			X	X	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
Undergraduate School Years Completed _____ GPA _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School Years Completed _____ GPA _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate School Years Completed _____ GPA _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Vocational School Years Completed _____ GPA _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional Certifications / Licenses	LICENSE NUMBER & EXPIRATION DATE
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For positions that require driving:
 Do you have a valid driver's license? Yes No State: Class: A B C other _____

Additional Skills i.e. Office Equipment, Computer Systems, Software, position related programs

EMPLOYMENT RECORD

List all jobs and activities including military service, employment while in school, self-employment and periods of unemployment for the last ten years. Begin with most recent. If resume or other documents are referenced, all pages must be signed and will be a part of the application.

TITLE:	OK to Contact? Yes No	Name of Supervisor:	Start Date:
Employer:		Title of Supervisor:	End Date:
Address:		Phone Number:	Starting Pay:
		Reason for Leaving:	Ending Pay:
Description of duties:			
Position:		Name of Supervisor:	Start Date:
Employer:		Title of Supervisor:	End Date:
Address:		Phone Number:	Starting Pay:
		Reason for Leaving:	Ending Pay:
Description of duties:			
Position:		Name of Supervisor:	Start Date:
Employer:		Title of Supervisor:	End Date:
Address:		Phone Number:	Starting Pay:
		Reason for Leaving:	Ending Pay:
Description of duties:			
Position:		Name of Supervisor:	Start Date:
Employer:		Title of Supervisor:	End Date:
Address:		Phone Number:	Starting Pay:
		Reason for Leaving:	Ending Pay:
Description of duties:			

PROFESSIONAL REFERENCES

List individuals (prefer supervisors or managers) who supervised your work performance (minimum of three).

Individual's Name	Name of organization where individual became aware of your performance	Work Relationship with Reference	Contact Information Business/Home Telephone	Years Known

ADDITIONAL INFORMATION

List honors, membership in professional organizations or other information you would like to have considered.

STATEMENT OF QUALIFICATIONS AND DESIRE

Please summarize your qualifications and reasons for wanting to work at the San Diego Blood Bank.

CERTIFICATION

Please read carefully. INITIAL each paragraph. SIGN AND DATE.

STATEMENT OF TRUTH

_____ I certify that the information submitted in this application is complete, true and correct. I further certify that I have not knowingly withheld any requested information or any information that might adversely affect my chances for employment, and that I, the undersigned applicant, have personally completed this application. I understand that if any misrepresentation is found, or the results of the investigations are not satisfactory, any offer of employment may be withdrawn, and that if I am already employed my employment will be terminated immediately.

EMPLOYMENT HISTORY VERIFICATION

_____ I specifically authorize the San Diego Blood Bank to thoroughly investigate my references, work record (including performance and discipline histories), education, and all other matters related to my suitability for employment. I further authorize all of the references and prior employers that I have listed to disclose to the San Diego Blood Bank any and all letters, reports, review and disciplinary materials, and other information related to my work records and performance, without providing me prior notice of such disclosure. In addition, I hereby release the San Diego Blood Bank, my former employers, and all other persons and entities from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation or disclosure, including but not limited to claims for defamation, slander, libel, negligent or fraudulent misrepresentation and invasion of privacy.

POST-OFFER DRUG SCREEN

_____ I understand that the San Diego Blood Bank is committed to providing a safe, efficient and productive workplace. To achieve this objective, the company desires to prevent drug or alcohol use from adversely affecting the workplace. Accordingly, I understand that I must successfully complete a post-offer drug screen before I begin work. All offers of employment are conditional upon successful completion of this screening.

AT WILL EMPLOYMENT

_____ I acknowledge that if I am employed by the San Diego Blood Bank, both the San Diego Blood Bank and I will have the right to terminate my employment at any time, with or without cause or advance notice. This at-will employment relationship shall remain in effect throughout my employment by the San Diego Blood Bank and may not be modified by any oral or implied agreement. Furthermore, the at-will nature of my employment may not be modified or abrogated by any oral or written statement(s), including performance evaluations, the granting of salary increases, bonuses, or promotions, or by the length of my employment. I understand that only a written contract signed by the Chief Executive Officer of the San Diego Blood Bank can alter this at-will employment relationship.

CERTIFICATION OF UNDERSTANDING

_____ By signing this application, I further certify that I have read and understand everything contained in this application, including the at-will employment provision set forth above.

By: _____
Signature

Date

Date _____

EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION STATISTICS

As a Federal Contractor we are required to solicit the following voluntary information from you and ask that you return this form to us. You are not required to answer any of the questions and whether or not you complete the questions does not affect your present or future employment.

Your cooperation is appreciated!

Position: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I. _____

GENDER AND ETHNIC GROUP

Check One: Male Female I prefer not to answer this question.

Check One: Hispanic or Latino Not Hispanic or Latino I Prefer not to answer this question.

•Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. This does not include persons of Portuguese decent or persons from Central or South America who are not of Spanish origin or culture.

RACE

I prefer not to answer this question.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – 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.

American Indian or Alaska Native (Not Hispanic or Latino) – 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.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.