



Blood Bank of Hawaii

APPLICATION FOR EMPLOYMENT

Date: _____	How did you hear about this position? _____
Position applying for <i>(Must be completed)</i> : _____	

The Blood Bank of Hawaii is an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any other protected category recognized by state and federal laws.

Interested in: Full Time Part Time Casual	Desired Rate/Salary: _____
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PERSONAL INFORMATION

Name <i>(Last Name, First Name, Middle Initial)</i>			
Have you ever used any other names? If so, please print names:			
Present Address:		City:	State:
			Zip:
Home Phone:	Cell Phone:	E-mail Address:	
If employed, can you submit verification that you are legally authorized to work in the United States? <i>(Required under IRCA)</i>			Yes No

GENERAL INFORMATION

Do you know anyone employed by our company?	Yes	No	If "Yes", who?
Have you ever worked for our company before:	Yes	No	If "Yes", please list date(s) and position(s) held:
Days/Hours available to work:	Professional License #: <i>(If applicable)</i> :		Certifications held: <i>(If applicable)</i> :

EMPLOYMENT RECORD *Starting with present or most recent employment*

You must answer all questions. Please account for the last ten years of employment. Use additional paper, if needed.

Name of present or last employer:	Telephone number <i>(include area code)</i> :
Employer address <i>(include street number, street name, city, state and zip code)</i> :	Employment Dates From: _____ To: _____
Name and position of your immediate supervisor:	Your position and job duties:
Reason(s) for leaving <i>(If you were terminated or asked to resign, please explain)</i> :	
Name of present or last employer:	Telephone number <i>(include area code)</i> :
Employer address <i>(include street number, street name, city, state and zip code)</i> :	Employment Dates From: _____ To: _____
Name and position of your immediate supervisor:	Your position and job duties:
Reason(s) for leaving <i>(If you were terminated or asked to resign, please explain)</i> :	

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Employer address (include street number, street name, city, state and zip code):	Employment Dates From: _____ To: _____
Name and position of your immediate supervisor:	Your position and job duties:
Reason(s) for leaving (If you were terminated or asked to resign, please explain):	

If currently employed, may we contact your current employer or supervisor?
 Yes Not at this time. You may contact my employer: _____

EMPLOYMENT GAPS Please explain any gaps in employment. Use additional paper, if necessary.

EDUCATION INFORMATION

School Level	Name and Address of School	Graduated?	Degree	Major
High School				
College				
Other				

REFERENCES Provide the names of three persons you are not related to, whom you have known for at least one year and whom we can contact.

Name	Address	Phone	Years Known

JOB SKILLS AND QUALIFICATIONS Summarize your skills and training that are relevant to the position you are applying for and list any job related organizations that you are a member of. Use additional paper, if necessary.

CERTIFICATION

Please read carefully before signing

- I certify that the information contained in this application is true, correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s) are grounds for disqualification from further consideration or for dismissal from employment, regardless of when and how discovered.
- I understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT ADVANCE NOTICE.**
- I understand that this application is not a contract and cannot create a contract. I also understand that no one but the Blood Bank of Hawaii President or designee is authorized to enter into any employment agreement and that any such agreement must be in writing and signed by the Blood Bank of Hawaii President or designee.
- I understand and agree that the Blood Bank of Hawaii may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency or other entity to provide the company with any information they may have regarding me. In consideration of the Blood Bank of Hawaii's review of this application, I release the Blood Bank of Hawaii and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by the Blood Bank of Hawaii. If employed by the Blood Bank of Hawaii, I further authorize the Blood Bank of Hawaii to provide truthful information regarding my employment to any potential or future employer and release and waive any claims against the Blood Bank of Hawaii for truthfully communicating any such information to a potential or future employer.
- I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Blood Bank of Hawaii, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Blood Bank of Hawaii in accordance with state and/or federal laws. The Blood Bank of Hawaii will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide the Blood Bank of Hawaii with any additional consent(s) and/or release(s) as required by the Blood Bank of Hawaii to investigate my employment application.
- I agree that the Blood Bank of Hawaii may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Blood Bank of Hawaii may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding period of incarceration) or that involves certain Family Court matters will not be considered.
- If hired, I agree not to disclose or use confidential information belonging to the Blood Bank of Hawaii and that I will inform the Blood Bank of Hawaii of any agreements that would limit my ability to work for the Blood Bank of Hawaii.

Authorization/Signature of Applicant: _____

Date: _____