



Coastal Bend Blood Center

209 North Padre Island Drive Corpus Christi, Texas 78406

Phone: 361.855.4943/800.299.4943 Fax: 361.855.2641

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

In partnership with our communities, our mission is to save lives by providing a safe supply of blood, blood components, and related services to patients and hospitals in the Coastal Bend.

It is each individual's dedication and desire for excellence that makes our mission a reality.

PERSONAL INFORMATION			
Last Name:	First Name:	M.I.	Maiden Name:
Present Address:			
City:	State:	Zip:	Home Phone:
Alternative Phone:		Social Security Number:	
Are you related to anyone at the Coastal Bend Blood Center?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name and relationship:	
Are you legally eligible to work in the United States? (Proof of citizenship or documentation will be required if hired.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give date and explain:			
EMPLOYMENT INFORMATION			
Position Applying For:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date of Application:	Date Available:
Salary Requirements:	How did you hear about this job?		
Have you previously applied or been hired for a position with the Coastal Bend Blood Center? If yes, please indicate date and position applied for or held:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever served in the armed forces of the United States of America?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which branch?			From: ___/___/___ To: ___/___/___

EMPLOYMENT HISTORY

Please give accurate and complete information regarding your employment history and employer contact information. ALL SECTIONS MUST BE COMPLETED. If not applicable write N/A in that section.

Present or Most Recent Employer

Employer's Name:	From: _/_/___	To: _/_/___	Starting Salary: \$	Ending Salary: \$
If employed under a different name, what name?				
Address:		Job Title:		City, State, Zip:
Phone:		Describe Job Duties:		
Supervisory Experience: () Yes () No Number of People Supervised:		Brief Summary of Supervisory Experience:		
Name of Immediate Supervisor:		Reason for Leaving:		
May we contact this employer for a reference? () Yes () No				

Next Most Recent Employer

Employer's Name:	From: _/_/___	To: _/_/___	Starting Salary: \$	Ending Salary: \$
If employed under a different name, what name?				
Address:		Job Title:		City, State, Zip:
Phone:		Describe Job Duties:		
Supervisory Experience: () Yes () No Number of People Supervised:		Brief Summary of Supervisory Experience:		
Name of Immediate Supervisor:		Reason for Leaving:		
May we contact this employer for a reference? () Yes () No				

Next Most Recent Employer

Employer's Name:	From: _/_/___	To: _/_/___	Starting Salary: \$	Ending Salary: \$
If employed under a different name, what name?				
Address:		Job Title:		City, State, Zip:
Phone:		Describe Job Duties:		
Supervisory Experience: () Yes () No Number of People Supervised:		Brief Summary of Supervisory Experience:		
Name of Immediate Supervisor:		Reason for Leaving:		
May we contact this employer for a reference? () Yes () No				

EDUCATIONAL BACKGROUND				
	Name	City & State	Graduation Date	Major/Degree Received
High School			() Yes () No	
College or University				
Graduate, Vocational or Other				
INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE.				
	Fluent	Good	Fair	
Speak				
Read				
Write				
PROFESSIONAL LICENSES AND/OR CERTIFICATIONS				
Copies will be required if selected for employment.				
Type	Organization or State Issued	Date Issued	Number	
REFERENCES				
Please list three professional references (not relatives or employers) familiar with your work history.				
Name	Title/Occupation	Telephone	Number of Years Known	
APPLICANT STATEMENT OF CERTIFICATION				

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete to the best of my knowledge. I also agree that any false information or significant omissions may disqualify me from consideration for employment or result in my termination if discovered any time after employment date. I authorize Coastal Bend Blood Center to conduct a background investigation and hold harmless anyone providing information.

I understand that, if hired, my employment is not for any specific period or duration of time. I understand that this application is not, and is not intended to be a contract. I understand that compliance with the Coastal Bend Blood Center's drug-free workplace policy is a condition of employment and is contingent upon a pre-employment drug screening.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT OF CERTIFICATION.
 My signature below indicates I have read, fully understand and accept all terms of the above statement.

Applicant's Name (please print) _____

Applicant's Signature _____ Date _____

NOTE TO APPLICANT: Incomplete applications will not be processed.



Coastal Bend Blood Center

Giving so that others may live

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EMPLOYMENT VERIFICATION AUTHORIZATION RELEASE FORM

We are considering _____ for employment with the Coastal Bend Blood Center and are requesting employment verification as authorized below.

I, _____ (Print) authorize the release of my employment history to the Coastal Bend Blood Center.

Applicant Signature: _____ Date: _____

“SECTION BELOW TO BE COMPLETED BY EMPLOYER”

Please complete the following questions on this form and return back to us via fax at 361-855-2641 or email: hr@coastalbendbloodcenter.org

FOR OFFICE USE ONLY

Hire Date: _____ Last Date Worked: _____

Ending Salary: _____ **“OPTIONAL”** - RE-HIREABLE ___ YES ___ NO

Position & Responsibilities: _____

Employer Name: _____ Telephone No.: _____

Completed By/Title: _____ Signature/Date: _____

Print