



# 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 AT-WILL 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.

**PLEASE COMPLETE FULLY- PRINT CLEARLY.**

**READ DISCLOSURE STATEMENTS ON LAST PAGE BEFORE SIGNING APPLICATION.**

### PERSONAL INFORMATION

Last Name:	First Name:	M.I.	Maiden Name:
Present Address:			
City:	State:	Zip:	
Phone Number:	Alternative Phone:	Email Address:	
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? (Documentation for authorization to work in the United States 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:
REFERRAL SOURCE: <input type="checkbox"/> Company website <input type="checkbox"/> Walk In <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Indeed <input type="checkbox"/> LinkedIn <input type="checkbox"/> Online posting <input type="checkbox"/> Employee: _____ <input type="checkbox"/> Other: _____			
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: ___/___/___
Salary Requirements:	Have you ever been disciplined or fired from a position: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to perform the essential functions of the position?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously been employed with the Coastal Bend Blood Center? If yes, please indicate date. ___/___/___ to ___/___/___		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**WE ARE PROUD TO BE A DRUG-FREE & TOBACCO-FREE WORKPLACE**

**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.

**Starting with PRESENT or MOST RECENT, list all previous employers. Include self-employment, military service, summer and part-time jobs. If you need more space, continue on a separate sheet.**

<b>Employer's Name:</b>	From: ____/____/____	To: ____/____/____
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If employed under a different name, what name?

Address:	Job Title:	City, State, Zip:
Phone:	Name of Immediate Supervisor:	Reason for Leaving:

Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of People Supervised:	Describe Job Duties:
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May we contact this employer for a reference?  Yes  No

**Next Most Recent Employer**

<b>Employer's Name:</b>	From: ____/____/____	To: ____/____/____
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If employed under a different name, what name?

Address:	Job Title:	City, State, Zip:
Phone:	Name of Immediate Supervisor:	Reason for Leaving:

Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of People Supervised:	Describe Job Duties:
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May we contact this employer for a reference?  Yes  No

**Next Most Recent Employer**

<b>Employer's Name:</b>	From: ____/____/____	To: ____/____/____
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If employed under a different name, what name?

Address:	Job Title:	City, State, Zip:
Phone:	Name of Immediate Supervisor:	Reason for Leaving:

Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of People Supervised:	Describe Job Duties:
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May we contact this employer for a reference?  Yes  No

**EDUCATIONAL BACKGROUND**

<i>Copies will be required if selected for employment.</i>	<b>Graduated?</b>	<b>Major/Degree Received</b>
<b>High School or Equivalent</b> (Name, City, State)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>College or University</b> (Name, City, State)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Graduate, Vocational or Other</b> (Name, City, State)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SPECIAL SKILLS**

List any special training, skills, hobbies, or interests you believe help qualify you for the position you applied for:

**INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE.**

	<b>Fluent</b>	<b>Good</b>	<b>Fair</b>
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

**Copies will be required if selected for employment.**

<b>Type</b>	<b>Organization or state issued</b>	<b>Date issued</b>	<b>Number</b>

**REFERENCES**

**Please list three professional references (not relatives or employers) familiar with your work history.**

<b>Name</b>	<b>Title/Occupation</b>	<b>Telephone</b>	<b>Number of Years Known</b>

**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.
- In consideration of my being considered for employment, I authorize the Coastal Bend Blood Center to investigate, at its discretion, my past employment record and to make further investigation as it deems proper with respect to my experience, character, and integrity and to verify the statement and answers continued herein. I agree to cooperate in such investigation, and I release all from liability or responsibility the Coastal Bend Blood Center and its directors, officers, employees, and agents and all other persons or entities requesting or supplying information for the investigation.
- I understand that this application in no way obligated the Coastal Bend Blood Center to employ me. I also agree and understand that if employment is offered and accepted, such employment is for an indefinite term and is solely on an at-will basis. As an "employee-at-will": I understand and agree that either the Coastal Bend Blood Center or myself may terminate my employment, at any time, with or without cause and with or without notice.
- I understand and agree that if an offer of employment is made, I must provide documentation evidencing my authorization to work in the United States and required by the Immigration Reform and Control Act of 1986.
- 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.
- I understand that Coastal Bend Blood Center is a tobacco-free workplace and there will be no tobacco use of any kind on blood center property. I understand that there will be no tobacco use allowed at any time when employees are on the clock, including breaks, in blood center vehicles and at blood drive sites.

**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 SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# Coastal Bend Blood Center

209 North Padre Island Drive Corpus Christi, Texas 78406

## 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, \_\_\_\_\_ AUTHORIZE THE RELEASE OF MY EMPLOYMENT HISTORY TO THE COASTAL BEND BLOOD CENTER.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### "SECTION BELOW FOR COASTAL BEND BLOOD CENTER USE ONLY"

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

Hire Date:	Last Date Worked:
Ending Salary:	"OPTIONAL": RE-HIREABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
Position & Responsibilities:	
Employer Name:	Telephone No.:
Completed By/Title:	Signature/Date: