

INSTRUCTIONS FOR COMPLETING FLORIDA'S BLOOD CENTERS EMPLOYMENT APPLICATION

Florida's Blood Centers is an equal opportunity and Affirmative Action employer. We comply with the American's With Disabilities Act of 1990. We maintain a Drug-Free Workplace in accordance with all applicable State and Federal regulations, copies of which, together with the employer's Drug-Free Workplace Policy, are available in Employee Relations for inspection between the hours of 9:00 a.m. – 4:00 p.m., Monday – Friday upon request.

1. Complete Form in its entirety in ink and your own handwriting. Incomplete applications will **NOT** be processed.
2. Position desired must be specific according to current FBC vacancy list.
3. Completed applications will be received and forwarded to the appropriate department.
4. If your qualifications match an open position, you may be contacted.
5. Due to the large number of applications received, we are unable to contact all applicants. No phone calls, please.

NOTE: One application per position. Photocopying is permitted.

Affirmative Action Voluntary Self Disclosure

Florida's Blood Centers is an Equal Opportunity Employer. As employers and government contractors, we comply with government regulations and affirmative action responsibilities. The voluntary survey below is used solely for affirmative action compliance with record keeping, reporting and other legal requirements. The information will not be used for hiring, placement, or other decisions related to terms and conditions of employment. This document will be maintained in a confidential file, separate from applicant and personnel files.

YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Please complete the following information. *Please print.*

Last Name:	First Name:
Date:	Position Applied for:

Gender *(Please check one):* Male Female

Race/Ethnicity *(Please check one category)*

- White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Veteran: _____

FBC USE ONLY:

Race unknown _____: Applies to applicants only where a resume or application is received without any racial or ethnic identification and no further contact is made with the applicant.



Florida's Blood Centers requires

APPLICATIONS ACCEPTED FOR POSTED VACANCY POSITIONS ONLY *pre-employment alcohol and drug screening.*

Please complete this using ink and in your own handwriting. **Complete even if a resume is included.** Applications will be reviewed and forwarded to the appropriate department. If your qualifications match an open position, you may be contacted. **Due to the large number of applications received, we are unable to contact all applicants.**

First Name

Last Name

Position Desired and Location (As Posted)	Today's Date	Minimum pay rate required:
Referral <input type="checkbox"/> Advertisement (source) _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Other (list) _____ source <input type="checkbox"/> Employee, specify name:		

Last Name	First Name	Middle Name	
Present address	City	State	Zip Code
Phone number ()	Alternate phone number ()	Email Address:	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	Phone number / Hours you can be reached ()		
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name(s).			

Hours available per week: <input type="checkbox"/> 40 <input type="checkbox"/> 32-40 <input type="checkbox"/> 24-32 <input type="checkbox"/> 16-24 <input type="checkbox"/> less than 16
Are you able to work the required hours as posted on the vacancy list: <input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: Work schedules are based upon the needs of the business and may be subject to change.
Date available to begin work

Education	Name of school City/State	Graduated	Degree/Major or Program
High School/G.E.D.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, Night or Correspondence		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Use Only

Approved Yes No

Job Code _____ H.R. Use ONLY

Professional license(s)	State	License number	Expiration date
Emergency Medical Technician			
Paramedic			
Licensed Practical Nurse			
Registered Nurse			
Medical Technician			
Medical Technologist			
Other, specify			

Temporary Florida license	Expiration date	Date to take exam
Medical Technician		
Medical Technologist		

Office/Computer Skills

Special skills or qualifications

	Yes	No
Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you submit documentation verifying your legal right to work in the U.S. and your identity?		
Can you travel in Florida if a position requires it?		
Have you filed an application here before? If yes, month year Position		
Have you ever worked here before? If yes, from to Position		
Have you ever been terminated or asked to resign from any job? If yes, details?		
Any history of license restrictions or disciplinary actions? (to include professional and/or motor vehicle) If yes, details?		
Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld or prosecution deferred? If yes, please give date and explanation.		
Have you ever been a defendant in a civil suite or an intentional tort (assault, battery, false imprisonment, invasion of privacy, infliction of emotional distress, wrongful death)? If yes, give date and explanation.		

Conviction record will not necessarily prohibit employment. Factors such as date, nature and seriousness of offense will be taken into consideration.

Please complete each section even if a resume is included. List your present or most recent employer first.

Account for all periods of time, including military service and unemployment. Additional sheets may be requested for extended work history.

Employment (Month/Year):	Employer	Work duties performed
From: To:	Phone Number ()	
Title	Street	
Department	City State	
Pay rate	Zip Code	
Total hours per week	Supervisor	
Type of separation <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Termination <input type="checkbox"/> Not leaving		
Explain reason for leaving		
May we contact your present employer concerning your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable If no, why?		

Employment (Month/Year):	Employer	Work duties performed
From: To:	Phone Number ()	
Title	Street	
Department	City State	
Pay rate	Zip Code	
Total hours per week	Supervisor	
Type of separation <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Termination <input type="checkbox"/> Not leaving		
Explain reason for leaving		

Employment (Month/Year):	Employer	Work duties performed
From: To:	Phone Number ()	
Title	Street	
Department	City State	
Pay rate	Zip Code	
Total hours per week	Supervisor	
Type of separation <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Termination <input type="checkbox"/> Not leaving		
Explain reason for leaving		

Employment (Month/Year):	Employer	Work duties performed
From: To:	Phone Number ()	
Title	Street	
Department	City State	
Pay rate	Zip Code	
Total hours per week	Supervisor	
Type of separation <input type="checkbox"/> Resignation <input type="checkbox"/> Lay-off <input type="checkbox"/> Termination <input type="checkbox"/> Not leaving		
Explain reason for leaving		

Please explain why you are seeking this position with Florida's Blood Centers:

Please tell us anything about yourself that would help us evaluate your qualifications:

NOTE: We thank all applicants for their interest in employment opportunities with FBC. However, only candidates who have been interviewed will be contacted. We are unable to return messages to verify the status of an application.

APPLICANT'S STATEMENT

I understand that in the event my application is accepted for consideration of employment that I authorize an investigation of all statements in this application. In connection with my application for employment I understand that results of investigative background inquiries and personal information may be released to Florida's Blood Centers clients as part of contract obligations. I also release any and all persons, companies or agencies responding to such investigation from any liability for any damage due to releasing information.

I certify that answers given are true and complete to the best of my knowledge. I further understand that misrepresentation of facts asked for on this application or interview is cause for rejection of this application or for subsequent dismissal from employment no matter when discovered.

In consideration of my employment, I agree to comply with the rules and regulations of Florida's Blood Centers, Inc. and my employment can be terminated, for any reason, and with or without notice, at any time, at the option of either the Blood Center or myself. I further understand that no oral promise, policy, business practice or other procedure, including any handbooks or manuals, constitutes an employment contract or modification of the at-will employment relationship between myself and Florida's Blood Centers, Inc.

I understand that no supervisor or other official of Florida's Blood Centers, Inc. (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

Applications (via internet, email, fax, mail or submitted in person) will remain active for **sixty (60) days**. Any applicant requesting employment consideration beyond sixty days must reapply.

I understand that Florida's Blood Centers reserves the right to request pre-employment, random or reasonable suspicion drug screening.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE APPLICANT'S STATEMENT.

Signature

Date

The Florida's Blood Centers, Inc. is an Equal Opportunity and Affirmative Action Employer. Florida's Blood Centers, Inc. complies with the Americans with Disabilities Act of 1990.

Reviewing Supervisor _____ Date _____
