

Michigan Blood Employment Application

Michigan Blood is an equal opportunity employer. We do not discriminate against any applicant on the basis of race, religion, color, national origin, sex, age, marital status, height, weight, disability or handicap. Applicants with disabilities or handicaps requiring accommodation for employment must notify employers.

GENERAL

Application Date	Position Applying for	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <small>(less than 16 hrs/wk)</small>	Location: <input type="checkbox"/> Grand Rapids <input type="checkbox"/> Saginaw, Bay City, Midland <input type="checkbox"/> Berrien County <input type="checkbox"/> Traverse City <input type="checkbox"/> Kalamazoo
Hours/Days of the Week you Are NOT Available to Work		Date You Can Start:	

PERSONAL

Last Name		First		Middle	
Current Address		City		State Zip Code	
Home Phone # (or primary contact #) ()		Cell Phone # (or secondary contact #) ()		Email Address	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you lawfully entitled to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list citation, date, and place where offense occurred:			
Have you been previously employed by Michigan Blood? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please state beginning and ending employment dates, where you were employed, and under what name:			
Do you have any relatives working for Michigan Blood? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list the name(s) and relation to you:			
Complete these final questions only if the position you're applying for requires a driver's license. They are applicable for drivers or those who drive to mobiles.		Do you currently have a valid Michigan Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License Number		Do you have a commercial driver's license (CDL)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your driver's license ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, for what reason?			

EDUCATION

High School Name and Location (City, State)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma	
College Name and Location (City, State)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Degree
Other School Name and Location (City, State)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major	Degree

PROFESSIONAL CERTIFICATIONS

NURSE: Michigan Registration		Expiration Date
MEDICAL TECHNOLOGIST: ASCP Registry #		Do you have your SBB? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Registry/Certification #	Organization	Expiration Date
OTHER		

MILITARY EXPERIENCE

Branch	Rank
Special Training Received	

EMPLOYMENT HISTORY

List below the last three positions you've held, beginning with the most recent. You must complete even when submitting a resume.

1.

Company Name	Address	Phone Number	Supervisor
Dates of Employment (Month/Year) FROM ____/____/____ TO ____/____/____		Final Salary	Position Held
Brief Description of Duties		Reason for Leaving	

2.

Company Name	Address	Phone Number	Supervisor
Dates of Employment (Month/Year) FROM ____/____/____ TO ____/____/____		Final Salary	Position Held
Brief Description of Duties		Reason for Leaving	

3.

Company Name	Address	Phone Number	Supervisor
Dates of Employment (Month/Year) FROM ____/____/____ TO ____/____/____		Final Salary	Position Held
Brief Description of Duties		Reason for Leaving	

ADDITIONAL INFORMATION

List other skills, training, experience, or qualifications that make you suitable for this position. List only those qualifications that pertain to the position for which you have applied. For example, list any languages, other than English, you speak with proficiency, but only if it applies to the position for which you are applying (nursing, recruitment, etc.). Listing things that are not work related or of a personal nature could disqualify you from the application process.

PROFESSIONAL REFERENCES

Please provide the names of three people, not related to you, who can attest to your professional abilities and work accomplishments.

Name	Phone # (include area code) ()	How do they know you?	How long have they known you?
Name	Phone # (include area code) ()	How do they know you?	How long have they known you?
Name	Phone # (include area code) ()	How do they know you?	How long have they known you?

I certify that all of the information furnished on this Application is true, complete, and correct. I understand and agree that any falsification, misrepresentation, or omission of fact on this Application will be considered an act of dishonesty and may result in my not being considered for employment, and if not discovered by Michigan Blood until my becoming employed, is grounds for, and may result in, my immediate termination.

I hereby authorize my current and former employers, without written notice to me, to release any information contained in my personnel file or otherwise known by them to Michigan Blood. I specifically release from liability any current or former employer, its agents, representatives, employees, officers, or directors for giving such information to Michigan Blood.

I understand that if offered a position with Michigan Blood, I will be required to submit to a drug screening and background check as a condition of my employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I understand and agree that if hired, my employment and compensation are for no definite period and may be terminated at any time by me or Michigan Blood, with or without cause, and without any previous notice unless required by the *Michigan Blood Employee Handbook*. I also understand and agree that Michigan Blood has the right to unilaterally modify and/or terminate any policies, practices, or procedures that it has adopted or implemented, to the extent not limited by law. I understand that any prior representations, promises, contracts, or statements made by or on behalf of Michigan Blood are expressly superseded by the foregoing and no employee or representative of Michigan Blood has the authority to make any representations or agreements to the contrary, unless that agreement is in writing and signed by the Board of Trustees.

Signature: _____ Date: _____

The Immigration Reform and control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. If you are hired, you will need to furnish documents for inspection that verify your identity and indicate that you are legally permitted to work in the United States.

(Employer, please complete reverse side.)