



A Donate Life Organization

201 West Coolidge • Phoenix, Arizona 85013 • (602) 222-2200 • Fax (602) 222-2202

**APPLICATION FOR EMPLOYMENT**

**An Equal Opportunity Employer**

<b>PERSONAL DATA</b>	LAST NAME		FIRST NAME		MIDDLE NAME	SOC SEC NO	DATE OF APPLICATION	
	CURRENT ADDRESS		CITY	STATE	ZIP CODE	HOME PHONE	WORK PHONE	
	PERMANENT ADDRESS		CITY	STATE	ZIP CODE	HOME PHONE	WORK PHONE	
	ARE YOU A CITIZEN OF THE UNITED STATES OR OTHERWISE ELIGIBLE TO WORK IN THE UNITED STATES?			<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT, CAN YOU PROVIDE PROOF OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NOT A CITIZEN, PLEASE STATE YOUR FORM NUMBER: I-151# _____			OR I-94# _____		CLASS _____		
<b>JOB PREFERENCE</b>	ARE YOU UNDER 18 YEARS OF AGE?	HAVE YOU EVER BEEN CONVICTED OF A FELONY?		IF YES, PLEASE EXPLAIN: A YES RESPONSE DOES NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT.				
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO						
<b>EDUCATION</b>	POSITION APPLIED FOR:		DEPARTMENT / SHIFT			MINIMUM ACCEPTABLE SALARY		
	ARE YOU AVAILABLE FOR: (PLEASE CHECK ALL THAT APPLY)						DATE AVAILABLE FOR EMPLOYMENT	
<b>SPECIAL SKILLS</b>	SCHOOLS ATTENDED INCLUDING CURRENT		ADDRESS		DATES FROM - TO	DID YOU GRADUATE?	DEGREE EARNED	
	HIGH SCHOOL					<input type="checkbox"/> YES <input type="checkbox"/> NO		
	TECH / COLLEGE / UNIVERSITY					<input type="checkbox"/> YES <input type="checkbox"/> NO		
	TECH / COLLEGE / UNIVERSITY					<input type="checkbox"/> YES <input type="checkbox"/> NO		
	ARE YOU CURRENTLY ELIGIBLE FOR:		<input type="checkbox"/> REGISTERED <input type="checkbox"/> REGISTRATION		<input type="checkbox"/> LICENSED <input type="checkbox"/> LICENSURE		<input type="checkbox"/> CERTIFIED <input type="checkbox"/> CERTIFICATION	
<b>PERSONAL DATA</b>	IF LICENSED, REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	EXP DATE	NO.	VERIFIED BY		
		TYPE	STATE ISSUED	EXP DATE	NO.	VERIFIED BY		
		TYPE	STATE ISSUED	EXP DATE	NO.	VERIFIED BY		
LIST ANY SPECIAL SKILLS, PROFESSIONAL AFFILIATIONS, ETC.: _____								
DO YOU HAVE EXPERIENCE WITH THE FOLLOWING: PC: <input type="checkbox"/> YES <input type="checkbox"/> NO    DATABASE: <input type="checkbox"/> YES <input type="checkbox"/> NO    WORD PROCESSING: <input type="checkbox"/> YES <input type="checkbox"/> NO								
SPREAD SHEET: <input type="checkbox"/> YES <input type="checkbox"/> NO    OTHER: _____								
CAN YOU FLUENTLY SPEAK / READ A LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO								
INDICATE LANGUAGE: _____								

**STARTING WITH YOUR MOST RECENT EMPLOYMENT, GIVE A COMPLETE RECORD OF ALL EMPLOYMENT AND REASONS FOR PERIODS OF UNEMPLOYMENT (INCLUDING MILITARY SERVICE AND VOLUNTEER SERVICE FOR THE PAST TEN YEARS).**

EMPLOYMENT EXPERIENCE

COMPANY NAME		ADDRESS	CITY	STATE	ZIP	PHONE
TYPE OF BUSINESS	SUPERVISOR'S NAME & TITLE			DATE EMPLOYED	DATE LEFT	
TITLE AND DUTIES						
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, PLEASE SPECIFY		STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED, MAY WE CONTACT AT THIS TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME		ADDRESS	CITY	STATE	ZIP	PHONE
TYPE OF BUSINESS	SUPERVISOR'S NAME & TITLE			DATE EMPLOYED	DATE LEFT	
TITLE AND DUTIES						
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, PLEASE SPECIFY		STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED, MAY WE CONTACT AT THIS TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME		ADDRESS	CITY	STATE	ZIP	PHONE
TYPE OF BUSINESS	SUPERVISOR'S NAME & TITLE			DATE EMPLOYED	DATE LEFT	
TITLE AND DUTIES						
REASON FOR LEAVING	IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, PLEASE SPECIFY		STARTING SALARY	FINAL SALARY	IF CURRENTLY EMPLOYED, MAY WE CONTACT AT THIS TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	

MILITARY SERVICE

ARE YOU A VETERAN?  YES  NO IF YES, WHAT BRANCH: \_\_\_\_\_

DATES OF ACTIVE DUTY: FROM \_\_\_\_\_ TO \_\_\_\_\_

ARE YOU A MEMBER OF THE NATIONAL GUARD OR RESERVES?  YES  NO

IF YES, STATUS:  ACTIVE  INACTIVE TYPE OF DISCHARGE \_\_\_\_\_

MILITARY POSITION: \_\_\_\_\_

RECRUIT METHODS

<input type="checkbox"/> WALK-IN	<input type="checkbox"/> COMMUNITY BASED ORG	<input type="checkbox"/> PROFESSIONAL PUBLICATION _____
<input type="checkbox"/> AGENCY	<input type="checkbox"/> DNA WEBSITE	<input type="checkbox"/> EMPLOYEE REFERRAL _____
<input type="checkbox"/> SCHOOL REFERRAL	<input type="checkbox"/> ONLINE	<input type="checkbox"/> PREVIOUS EMPLOYEE (DATES) _____
<input type="checkbox"/> STUDENT WORK EXPERIENCE OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> NAME WHILE EMPLOYED _____

DO YOU HAVE ANY RELATIVES EMPLOYED BY THIS ORGANIZATION?  YES  NO

IF YES, NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

APPLICANT AUTHORIZATION

**READ THE FOLLOWING STATEMENT CAREFULLY. APPLICATION IS INVALID UNLESS SIGNED BY THE APPLICANT**

I authorize investigation of all information contained in this Application for Employment. I affirm that all information contained in this document is true and complete and that any misrepresentation, falsification or willful omission herein shall be sufficient reason for dismissal or refusal of employment. I understand that any employment with this organization is contingent on my passing the post-offer health examination and drug test.

If this application is accepted, I understand that the terms of my employment, including my working conditions, compensation, benefits, hours of work, work schedule and job assignment will be determined solely by this organization. I also understand that the terms and conditions of my employment can be changed at any time as this organization sees fit and without any notice to me.

**I UNDERSTAND THAT MY EMPLOYMENT IS "AT WILL" WHICH MEANS THAT I CAN QUIT MY JOB AT ANY TIME I WANT FOR ANY REASON OR FOR NO REASON AT ALL AND AT THE SAME TIME, THIS ORGANIZATION MAY DISCHARGE ME AT ANY TIME FOR ANY REASON OR FOR NO REASON AT ALL WITHOUT ANY ADVANCE NOTICE, I UNDERSTAND THAT NO INDIVIDUAL ASSOCIATED WITH THIS ORGANIZATION HAS ANY AUTHORITY TO MAKE ANY AGREEMENT OR PROMISE TO ME THAT IN ANY WAY CHANGES MY STATUS AS AN "AT WILL" EMPLOYEE.**

In addition, I grant this organization permission to contact any previous employer listed on this application for purposes of reference checks, unless otherwise noted on this document. I also grant permission to any such previous employer to disclose any and all information concerning my previous employment.

**X** \_\_\_\_\_

APPLICANT'S SIGNATURE DATE