

Dear Applicant for Employment:

Thank you for your interest in employment with Bloodworks Northwest! (Puget Sound and Lane Blood Centers are now Bloodworks Northwest).

Please take a moment to read through this letter as it will provide you with additional information about the employment process with our organization.

Equal Employment Opportunity / Affirmative Action

BloodworksNW is an Equal Employment Opportunity / Affirmative Action Employer committed to workforce diversity. Qualified applicants are considered for employment without regard to race, age, religion, color, sex, sexual orientation, national origin, the presence of any sensory, physical or mental disability, gender identity, genetic information, political ideology, marital or military status.

Separate Application(s) for Each Position of Interest

It is the policy of BloodworksNW that applicants submit a separate application/resume for EACH open position for which they wish to be considered. If you are applying for more than one open position, **you must submit a separate application for each position**, clearly identifying the position title and job number (if applicable) for which you wish to be considered. Please note that we do not accept applications/resumes for positions which are not currently open. Unsolicited materials will not be retained.

Response to Applications Submitted

Qualified candidates who are identified for interview by the hiring supervisor will be contacted directly by telephone or email. This will generally occur within 4 weeks of the submission of application materials. If you are not contacted within this time, you were not identified among the most appropriately qualified candidates.

Should you have a disability that requires assistance and/or reasonable accommodation with the job application process, please contact the Human Resources Department at humanresources@bloodworksnw.org.

To learn about our open positions, please log onto our websites at www.bloodworksnw.org (click on About Us, then Employment Opportunities).

Again, thank you for your interest in employment with BloodworksNW. We appreciate your time in reviewing this letter and completing the Application for Employment.

Human Resources
humanresources@bloodworksnw.org
1-866-286-8495 (fax)

SELF-IDENTIFICATION FORM

Bloodworks Northwest is an equal opportunity/affirmative action employer committed to diversity in the workplace. As a federal contractor/subcontractor, we are required to collect the following information for statistical reporting purposes. Your cooperation in providing the information is strictly voluntary. The information you provide will be kept confidential, except as required in conjunction with federal regulations, and completely separate from your application for employment, and will have no adverse consequence regarding employment decisions, nor result in any adverse treatment.

Gender: _____ Male _____ Female

I primarily self identify with the following group:

Please mark the applicable group (defined by Governmental terms):

_____ **HISPANIC or LATINO**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ **BLACK or AFRICAN AMERICAN**

A person having origins in any of the Black racial groups of Africa.

_____ **NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER**

A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ **ASIAN**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ **AMERICAN INDIAN or ALASKA NATIVE**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **WHITE**

A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ **TWO or MORE RACES**

All persons who identify with more than one of the above groups.

As a federal contractor / subcontractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended (including 38 U.S.C. 4212), we are committed to take affirmative action to employ and advance in employment protected veterans, which are defined under the following classifications:

DISABLED VETERAN – A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, OR, a person who is discharged or released from active duty because of a service-connected disability.

ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN – A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense. *Web-link to Campaign Badges: <http://www.opm.gov/policy-data-oversight/veterans-services/vet-guide/#9>

RECENTLY SEPARATED VETERAN – Any veteran during the three year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

ARMED FORCES SERVICE MEDAL VETERAN – Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985. *Web-link to Armed Forces Service

Medal: <http://www.tioh.hqda.pentagon.mil/Catalog/Heraldry.aspx?HeraldryId=15315&CategoryId=4&grp=4&menu=Decorations%20and%20Medals&ps=24&p=0>

If you are a member of any of the protected veterans classifications listed above, please indicate by marking the appropriate generic response below; this information will not be used in a manner inconsistent with VEVRAA, as amended.

_____ I IDENTIFY AS ONE OR MORE OF THE PROTECTED VETERAN CLASSIFICATIONS LISTED ABOVE

_____ I AM A VETERAN, BUT NOT UNDER THE PROTECTED CLASSIFICATIONS LISTED ABOVE

_____ I AM NOT A VETERAN

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



Puget Sound Blood Center



APPLICATION FOR EMPLOYMENT

An Affirmative Action / Equal Opportunity Employer

PLEASE PRINT

TODAY'S DATE: _____ POSITION APPLIED FOR: _____ DATE AVAILABLE: _____

If applying for a position requiring a Commercial Driver's License, please complete CDL application

NAME: _____ PREFERRED PHONE: _____ OTHER PHONE: _____ EMAIL ADDRESS: _____
Last First MI

ADDRESS: _____ DATE OF BIRTH IF UNDER 18 YEARS: _____
Street City State Zip

NAME OF ANY RELATIVE(S) OR ACQUAINTANCE(S) EMPLOYED BLOODWORKS NORTHWEST: _____

WORK AVAILABILITY: Full-Time ☐ Part-Time ☐ Temporary ☐ Willing to Rotate Shifts ☐
Days ☐ Evenings ☐ Nights ☐ Weekends ☐ On-Call ☐

REFERRAL SOURCE: BloodworksNW Website ☐ Rehire ☐ Bloodworks Employee ☐ (name) _____
Other Website ☐ _____ Walk-In ☐ Other _____

REASON FOR INTEREST IN WORKING AT BLOODWORKS: _____

ARE YOU COMPETENT IN SPEAKING, WRITING AND READING THE ENGLISH LANGUAGE WHILE PERFORMING JOB DUTIES? YES ☐ NO ☐

| | STATE ISSUED | NUMBER | EXPIRATION DATE |
|------------------------|--------------|--------|-----------------|
| Valid Driver's License | | | |
| Professional License | | | |

PERSONAL

GENERAL

LICENSES

EDUCATION/SKILLS

| NAME OF SCHOOL, LOCATION & PHONE NUMBER | Circle Highest Level Completed | FROM | | TO | | DATE GRADUATED | DEGREE OR CERTIFICATE EARNED |
|---|--------------------------------|------|-----|-----|-----|----------------|------------------------------|
| | | Mo. | Yr. | Mo. | Yr. | | |
| High School | GED 9 10 11 12 | | | | | | |
| University/ College | | | | | | | |
| University/ College | | | | | | | |
| Technical/ Business | | | | | | | |
| Other | | | | | | | |

LIST SPECIAL TRAINING, SKILLS, OR MACHINES OPERATED WHICH YOU FEEL WOULD BENEFIT BLOODWORKS:

BEGINNING WITH YOUR MOST RECENT JOB, LIST BELOW IN CHRONOLOGICAL ORDER YOUR CURRENT AND FORMER EMPLOYERS DURING THE PAST TEN YEARS. ANY GAPS IN YOUR EMPLOYMENT HISTORY MUST BE EXPLAINED IN FULL ON THE BACK PAGE.

HUMAN RESOURCES MAY CONTACT CURRENT EMPLOYER FOR REFERENCES

EMPLOYMENT HISTORY

| DATE OF EMPLOYMENT MONTH / YEAR | COMPLETE EMPLOYER NAME ADDRESS & PHONE NUMBER | NAME OF IMMEDIATE SUPERVISOR & PHONE NUMBER | APPLICANT JOB TITLE | REASON(S) EMPLOYER WILL GIVE FOR YOUR LEAVING AND YOUR REASON IF DIFFERENT FROM EMPLOYER | LAST SALARY |
|---------------------------------|--|---|---------------------|--|-------------|
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SEE BACK PAGE FOR ADDITIONAL SPACE

Have you ever been terminated from a job or resigned to avoid termination? Yes ☐ No ☐

If yes, please explain fully including the full name of the employer.

Have you ever been disciplined by an employer? Yes ☐ No ☐ If yes, please explain fully including the full name of the employer.

Please review this “Application for Employment” form and see that you have answered each category.

I certify that all my statements on this application are true, accurate and complete. I understand and agree that any misrepresentation or omission by me in this application (or in my resume or any other documents or communications with Bloodworks Northwest) may result in the cancellation and rejection of this application or termination of my employment regardless of when discovered. I understand that any employment relationship will at all times be considered “at will,” that is, terminable at the will of either Bloodworks Northwest or me, with or without notice or cause, except as prohibited by law.

I acknowledge that any statements, representations or promises to the contrary are not authorized or enforceable unless in a written employment agreement signed by an authorized officer of Bloodworks Northwest.

I understand that my employment is contingent upon proof of my identity and employment eligibility pursuant to the Immigration Reform and Control Act of 1986 and any statutes and regulations related thereto.

I authorize the release of all high school, college and any other education records pertaining to my enrollment dates, course work, conduct and other job-related school activities. I authorize the disclosure of any and all information about me contained in private and government files or information obtained through an investigative agency relevant to this application for employment or relating to my present and former employment history, and I request all former educational institutions, employers and federal, state and local government agencies to please furnish all information requested to an investigative agency or Bloodworks Northwest. Furthermore I release all parties, entities and persons mentioned above from any liability and responsibility for any damage or injury or liability of any nature whatsoever that is caused, in whole or in part, by the release, explanation or any communication related to that information.

I further release and hold harmless and covenant not to sue my former supervisor, manager, board of directors, employers, schools and agencies for any damage or injury of any nature whatsoever, that may arise from providing information to Bloodworks Northwest or its representative(s).

I understand that I may be subject to a criminal background check if I am deemed qualified for the position. I may be denied employment for legitimate business reasons based upon that criminal check.

I hereby acknowledge that I have completely read and understand the foregoing document. Under penalty of perjury, I certify that I have not omitted any information, facts or circumstances and that everything I have provided Bloodworks Northwest throughout the hiring process is complete, truthful and accurate. I understand and agree that if any omission, inaccuracy or untruth is discovered, my application will be deemed void or, if I am hired, I may be terminated from employment, regardless of when the omission, untruth or inaccuracy is discovered.

Date

Signature of Applicant

Qualified applicants are considered for employment without regard to race, age, religion, color, sex, sexual orientation, national origin, the presence of any sensory, physical or mental disability, gender identity, genetic information, political ideology, marital status, military status, or any other legally protected class.

EMPLOYMENT HISTORY
Continued from page 2

| DATE OF EMPLOYMENT MONTH / YEAR | COMPLETE EMPLOYER NAME ADDRESS & PHONE NUMBER | NAME OF IMMEDIATE SUPERVISOR & PHONE NUMBER | APPLICANT JOB TITLE | REASON(S) EMPLOYER WILL GIVE FOR YOUR LEAVING AND YOUR REASON IF DIFFERENT FROM EMPLOYER | LAST SALARY |
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GAPS IN EMPLOYMENT

| DATE OF GAP IN EMPLOYMENT | REASON FOR GAP IN EMPLOYMENT |
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