

APPLICANT NAME: _____

DATE OF APPLICATION: _____

POSITION APPLYING FOR: _____
(Unsolicited applications will not be considered)

Application for Employment



Mississippi Valley Regional Blood Center

DAVENPORT HEADQUARTERS

5500 LAKEVIEW PARKWAY
DAVENPORT, IOWA 52807

REGIONAL OFFICES:

OTTUMWA CENTER

1007 E. PENNSYLVANIA AVE.
OTTUMWA, IA 52501

ST. LOUIS CENTER

11853 DORSETT RD
MARYLAND HEIGHTS, MO 63043

SPRINGFIELD CENTER

CENTRAL ILLINOIS COMMUNITY BLOOD CENTER
(A DIVISION OF MVRBC)
1134 S. SEVENTH ST.
SPRINGFIELD, IL 62703

DONOR CENTERS

BURLINGTON CENTER

1000 N ROOSEVELT AVE. SUITE #11
BURLINGTON, IOWA 52601

DAVENPORT (WEST) CENTER

1035 W. KIMBERLY RD.
DAVENPORT, IA 52806

GALESBURG CENTER

555 N. KELLOGG ST.
GALESBURG, IL 61401

MOLINE CENTER

3600 16TH ST.
MOLINE, IL 61265

CANTON CENTER

175 S. MAIN
CANTON, ILLINOIS 61520

DUBUQUE CENTER

4867 ASBURY RD.
DUBUQUE, IA 52001

IOWA CITY CENTER

32 STURGIS CORNER DR.
IOWA CITY, IA 52246

MUSCATINE CENTER

2222 PARK AVE.
MUSCATINE, IA 52761

CEDAR RAPIDS CENTER

3235 WILLIAMS PKWY. SW
CEDAR RAPIDS, IA 52405

EDWARDSVILLE CENTER

5 CLUB CENTRE CT., SUITE B
EDWARDSVILLE, IL 62025

MACOMB CENTER

1520 W. JACKSON ST.
MACOMB, IL 61455

ST. LOUIS CENTER (DRAW SITE)

9860 WATSON RD.
CRESTWOOD, MO 63126

Mississippi Valley Regional Blood Center is an Equal Opportunity/Affirmative Action Employer and does not discriminate against any employee or applicant for employment because of race, sex, color, religion, age, national origin, disability, sexual orientation, genetic information or other status protected by federal, state or local law.

GENERAL INFORMATION (Please Print)

Date _____ Position(s) Applying for _____
(application will not be reviewed without listing specific, current position(s) for which applying)

Name _____
first middle last

Address _____
street city state zip

Telephone # (_____) Cell # (_____) Other Phone # _____

Social Security No. _____ Email Address _____

How were you referred to us? Newspaper Ad (name) _____ School (name) _____
 Employment Agency (name) _____ Employee (name) _____
 Website (name) _____ Walk-In Other _____

Please check schedule availability: Full Time (30-40 hours/week) Part Time (20-29 hours/week)
 PRN/Per Diem (less than 20 hours/week)
 If part time, specify hours or days: _____

Shifts you would be willing to work? 1st 2nd 3rd Weekend Other _____

Date Available for work _____

Minimum Salary Requirements: \$ _____

Are you below the age 18? YES NO
 If hired, can you show proof of legal authorization to work in the United States? YES NO
 Have you ever applied here or at any of our locations? YES NO
 Have you ever been employed here before? YES NO

If yes, when? _____

Are there any relatives or members of your household employed here who supervise in the department or area of the position for which you are applying? YES NO

If yes, who? _____

Have you ever been convicted of a crime in the last seven (7) years? YES NO

If yes, please explain: _____

Conviction will not necessarily be a bar to employment, each instance and explanation will be considered in relation to the position for which you are applying.

EDUCATION

HIGH SCHOOL, COLLEGE OR OTHER SCHOOLS ATTENDED	LOCATION (City/State)	DID YOU GRADUATE?	DIPLOMA, DEGREE OR CERTIFICATE	COURSE OF STUDY

EMPLOYMENT HISTORY**List present employer or most recent employer first.**

EMPLOYER	Employed	Supervisor's Name and Title
Address	From _____ Mo./Yr	Your Job Title
Telephone	To _____ Mo./Yr	

Duties

Reason for Leaving

Explain any period between jobs

If this is your current employer, may we contact? YES NO

EMPLOYER	Employed	Supervisor's Name and Title
Address	From _____ Mo./Yr	Your Job Title
Telephone	To _____ Mo./Yr	

Duties

Reason for Leaving

Explain any period between jobs

EMPLOYER	Employed	Supervisor's Name and Title
Address	From _____ Mo./Yr	Your Job Title
Telephone	To _____ Mo./Yr	

Duties

Reason for Leaving

Explain any period between jobs

EMPLOYER	Employed	Supervisor's Name and Title
Address	From _____ Mo./Yr	Your Job Title
Telephone	To _____ Mo./Yr	

Duties

Reason for Leaving

Explain any period between jobs

PROFESSIONAL LICENSURE, REGISTRY, CERTIFICATION

TYPE OF LICENSE, REGISTRY OR CERTIFICATION	ISSUING STATE OR ORGANIZATION	NUMBER	EXPIRATION DATE

IF NOT CURRENTLY REGISTERED, LICENSED OR CERTIFIED, ARE YOU ELIGIBLE? Yes No
WHEN WILL YOU/DID YOU SIT FOR YOUR EXAMINATION? DATE _____

MVRBC requires that all registered, licensed and certified applicants submit proof of same prior to employment.

SPECIAL SKILLS/ADDITIONAL INFORMATION

List any computer skills including hardware and software experience:

OTHER SPECIAL SKILLS (Please include any additional information you think would be applicable; e.g., internships, membership in professional organizations, and additional relevant employment. Exclude any information which would denote race, sex, age, marital status, national origin, religious or political affiliations or any other similarly protected status.)

REFERENCES

List three (3) **professional** references we may contact.

Name _____ Email Address _____ Years known _____

Telephone # _____ Type of Professional Acquaintance _____

Name _____ Email Address _____ Years known _____

Telephone # _____ Type of Professional Acquaintance _____

Name _____ Email Address _____ Years known _____

Telephone # _____ Type of Professional Acquaintance _____

AUTHORIZATION AND WAIVER *(Please read the following statements carefully)*

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the Company or myself. I understand that this application does not constitute an agreement or contract of employment for any specified period or definite duration. I understand that no representative of this Company other than the President has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment. I further understand that such assurances must be made in writing and signed by the President of the Company.

I authorize Mississippi Valley Regional Blood Center and its company representatives the right to contact and obtain information from all references, employers, educational institutions or any other source to confirm and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability MVRBC and other company representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. I also authorize and request the federal, state and local governmental agencies to release to Mississippi Valley Regional Blood Center and other company representatives any information requested concerning governmental records. I understand that if offered a position with Mississippi Valley Regional Blood Center, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of 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. A photocopy of this signed authorization and waiver shall be valid as original.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature _____ Date ____/____/____