



**Inland Northwest  
Blood Center**  
It's About *Life!*

# Inland Northwest Blood Center

Your Community Blood Center  
Serving Patients and Donors Since 1945

## Application for Employment

This is a general employment application required for all positions. **Print or write clearly your answer to all items as incomplete applications will not be considered even if you have submitted a resume.** Check your final application for accuracy, especially important information like telephone numbers, etc. Please sign and date the last page in the space provided. Applications may be submitted in person, via facsimile or via U.S. mail and must be received by INBC on or before the final filing date.

Please do not hesitate to contact Human Resources should you have any questions.

**Applicant Name:**

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**Title of Position Applied For:**

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**INBC Position Posting #:**

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**Date of Application:**

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### ***OUR MISSION STATEMENT:***

***Inland Northwest Blood Center saves lives by providing blood and services to support transfusion and transplantation medicine in the Inland Northwest.***

**For INBC Use:**

Applicant Number: \_\_\_\_\_

**Regional Headquarters:**

210 West Cataldo Avenue  
Spokane, WA 99201-2217

Telephone: (509) 624-0151

Toll Free: (800) 423-0151

Fax: (509) 232-4530

[www.inbc-saves.org](http://www.inbc-saves.org)

First Name:		Middle Initial:	Last Name:
Present Street Address:			City, State and Zip Code:
Mailing Address (if different than above):			City, State and Zip Code:
Home Telephone: ( )	Cell Phone: ( )	Daytime Phone: ( )	
Email address:			
Name of Emergency Contact:			Emergency Contact's Phone: ( )
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to prove your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of a criminal offense in the past 10 years? Conviction is not an automatic bar to employment. <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain (attach a separate sheet if necessary):			
Are you currently or have you ever been required to register as a sex offender in any state or country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been released from community care/custody or incarceration in the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you applied to work at INBC previously? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when?
Have you worked for INBC previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list position held and dates of employment:			
Do any of your relatives or persons of your same household work at INBC? If yes, please provide names:			
How were you referred to us?			
<input type="checkbox"/> Local Newspaper	<input type="checkbox"/> INBC Website	<input type="checkbox"/> Walk-in	
<input type="checkbox"/> School (please list)	<input type="checkbox"/> Agency (please list)	<input type="checkbox"/> Employee Referral (name)	
_____			
<input type="checkbox"/> Other (please explain) _____			
Check if you are willing to accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> On-Call			
Can you stay late on short notice if required? <input type="checkbox"/> Yes <input type="checkbox"/> No		When would you be available to begin employment?	
Are you now, or do you expect to be engaged in any other business or employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			

**EDUCATION:**

If diploma/degree received under a different name, please list: \_\_\_\_\_

	School Name and Complete Address	Dates Attended:	Graduated?	Degree/Major Area	GPA
High School		(leave this box blank)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University		From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University		From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade/Business (Other)		From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Scholastic Honors Achieved:					
Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
Plans for future Education/Training?					

**EMPLOYMENT HISTORY:** We require at least **10 years** employment history including Military experience. Please attach additional sheet(s) of paper as needed to complete. This information is required even if you have a resume.

<b>Name of Organization:</b>		Employment Dates (Month/Year): From:                      To:	Type of Business:
Street Address:			City, State and Zip Code:
Supervisor's Name:		Supervisor's Title:	Phone Number: (     )
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Other: _____	Your Position Title:	
Reason for Leaving:			
Your job duties and skills used:			

**EMPLOYMENT HISTORY CONTINUED:**

<b>Name of Organization:</b>		Employment Dates (Month/Year): From:                      To:	Type of Business:
Street Address:		City, State and Zip Code:	
Supervisor's Name:		Supervisor's Title:	Phone Number: (    )
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Other: _____	Your Position Title:	
Reason for Leaving:			
Your job title(s), duties and skills used:			
<b>Name of Organization:</b>		Employment Dates (Month/Year): From:                      To:	Type of Business:
Street Address:		City, State and Zip Code:	
Supervisor's Name:		Supervisor's Title:	Phone Number: (    )
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Other: _____	Your Position Title:	
Reason for Leaving:			
Your job title(s), duties and skills used:			

**PROFESSIONAL AND/OR ADDITIONAL QUALIFICATIONS:** Please provide certificates and/or licenses held relevant to your qualification to perform the job. You may also include any skills, qualifications and/or experience pertinent to the career you seek. Exclude those indicating ethnicity, religion, national origin, disability, age, sex, sexual orientation or union affiliation.

License/Certification:	Issuing State:	License/Certification #:
Has license/certification ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state reason, date of revocation/suspension and date of reinstatement:		
List additional relevant skills, abilities or professional memberships:		

**VOLUNTEER ACTIVITIES AND EXPERIENCE:** Please describe your involvement in charitable or civic groups or other clubs/organizations. Exclude any which may indicate ethnicity, religion, national origin, disability, age, sex, sexual orientation or union affiliation, or other personal aspect you wish.

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**PERSONAL REFERENCES (not former employers or relatives):**

Name:	Complete Address:	Telephone	Occupation:
1.		( )	
2.		( )	
3.		( )	

**Applicant's Statement:**

I hereby affirm that the information provided on this application, and any accompanying documents, is true and complete. I also agree that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my termination if discovered any time after my employment date. I authorize this employer to investigate my background thoroughly and agree to assist in such investigation. I release and hold harmless and promise not to claim damages from anyone providing information. I also understand that employment may be conditional upon an investigation into criminal convictions on record with local, State or Federal law enforcement authorities.

I understand that this application is active *only* for the specified position/posting number listed and will remain active until this position/posting number is closed. A separate completed *Application for Employment* is required for each position/posting number for which you wish to be considered.

I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice. I understand that this application is not, and is not intended to be, a contract.

I understand that employment may be contingent upon a post-offer physical examination by a physician and agree to cooperate fully with the same. Upon offer of employment I authorize the examining doctor, clinic or organization to release to this employer any information requested to assess my ability to perform essential work functions or to assess potential risk of injury to others. I agree to submit to any legal drug or alcohol test that may be required by the employer for my hiring or continued employment. I understand that refusal to take such tests may be cause for denial of employment or my termination.

I agree to present personal photo identification or documentation of my authorization to work and reside in the United States, promptly upon confirmation of hiring, and that failure to do so voids an offer of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## EVERYONE'S JOB DESCRIPTION

**For all job applicants of the Inland Northwest Blood Center, please read before applying.**

You are the kind of employee we want if you can and will:

◆ **Support Our Equal Employment Opportunity/Affirmative Action Policy and Commitment to Diversity**

INBC believes that each person is unique and should be judged only by individual ability and merit of achievement. We will not hire or retain anyone who practices or permits prejudice, harassment or discrimination against people because of their race or color, national origin, age, sex, religion, disability, marital status, sexual orientation/gender identity expression or veteran service status.

◆ **Support Our Drug-Free Workplace Policy**

INBC has a significant interest in the health and safety of its employees and the customers we serve and, therefore, strongly supports a drug-free working environment. You must pass a drug-screening test before a final employment offer is made. In addition, our policy includes testing during employment in cases where there is reasonable suspicion of drugs and/or alcohol or if you are involved in an accident. If you are in a safety-sensitive position covered under the Department of Transportation, you will also be placed in a random testing program.

◆ **Commit To Excellent Customer Service**

As an employee of INBC, you must be committed to providing excellent customer service to both our external customers and to your co-workers. It is INBC's goal to make sure every individual, whether donor, patient, customer or co-worker, is made to feel important and respected for the part they play in providing important products and services to the patients of Spokane and the surrounding communities.

◆ **Show Support of Teamwork**

You must show that you support teamwork by:

- Arriving on time, accepting tasks for the good of the team
- Cooperating with leaders, supporting and helping others in their work
- **Thinking positive and giving positive suggestions**
- Treating others the way you'd like to be treated
- Solving problems by focusing on the mission and the customer
- Checking your work carefully, eagerly seeking ways to improve our products and services, both in quality and quantity

**You may be asked questions about the above during the interview process.** If you feel comfortable that you fit these requirements, please sign below and return it with your employment application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**VOLUNTARY SELF-DISCLOSURE FORM**

INBC is an Affirmative Action, Equal Opportunity Employer. We hire, train, pay and promote without regard to race, color, sex, age, national origin, veteran status, religion, marital status, or disability. We encourage applications from all qualified individuals, including Vietnam era veterans, disabled veterans, individuals with disabilities, females and minorities.

Please complete this voluntary form and return with your application to assist us in complying with our Affirmative Action reporting requirements. This form will be kept in a confidential file, separate from your application materials. Refusal to provide the information will not result in any adverse treatment.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position Applied For **and** Posting #: \_\_\_\_\_

**ETHNICITY (PLEASE CHECK ONE):**

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

**Not Hispanic or Latino** (please check one additional category listed below)

**American Indian or Alaskan Native:** A person having origins in any of the original peoples of North American and South American (including Central America) and who maintains tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent;

**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 original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

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

**Two or More Races (not Hispanic or Latino):** *Please list the **one race above with which you most strongly identify:*** \_\_\_\_\_

**SEX (PLEASE CHECK ONE):**

Male

Female

**Thank you!**