



1601 Ailor Avenue Knoxville, TN 37921
(865) 524-3074

APPLICATION FOR EMPLOYMENT

MEDIC Regional Blood Center is an equal opportunity employer, and it does not discriminate against otherwise qualified applicants on the basis of sex, race, color, religion, national origin, creed, pregnancy, age, disability, genetic information, past, present, or future status in the Uniformed Services of the United States of America or any other status or characteristic that is protected by federal, state, or local law.

All offers are contingent upon your successful completion of the pre-employment process which will include a drug/nicotine screening that screens for illegal drugs and/or controlled substances, a background check and when applicable a physical examination.

MEDIC participates in the TN Drug Free Workplace program.

MEDIC participates in E-Verify.

MEDIC Regional Blood Center is a Tobacco/ Nicotine Free Facility/Employer.

I certify that the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. I authorize the Company to thoroughly investigate the information on my application, my references, work record and other matters related to my suitability for employment. I further authorize persons, schools, my current employer and previous employers contacted by the Company to provide any relevant information regarding my current and/or previous employment, and I release the Company, all persons, schools and employers from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that neither these rules nor the employee handbook form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's discretion. I also understand and acknowledge that this application does not constitute an offer of employment. I further understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its Chief Executive Officer (CEO), and then only when in writing and signed by the CEO has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I hereby acknowledge that I have read the above statements and understand and agree to be bound by the same.

Date _____ Signature _____

Print Name: _____

Please state the position you are applying for: _____



Date:	Social Security Number: - -	
First Name:	Middle Name:	Last Name:
Full Mailing Address:		
City:	State:	Zip Code:
Email Address:		
Telephone Number	Home:	Cell:

Position or Type of work desired:		
Please list your 1 st Choice:		
Please list your 2 nd Choice:		
Status : Please choose one	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Shift Preferences : <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night		
If the shift is unavailable, will you work?		
Day <input type="checkbox"/> Yes <input type="checkbox"/> No	Evening <input type="checkbox"/> Yes <input type="checkbox"/> No	Night <input type="checkbox"/> Yes <input type="checkbox"/> No
If required will you work:		
Saturday <input type="checkbox"/> Yes <input type="checkbox"/> No	Sunday <input type="checkbox"/> Yes <input type="checkbox"/> No	Holiday <input type="checkbox"/> Yes <input type="checkbox"/> No
If Part Time please specify days of the week:		
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
Date Available for work?		Salary Requested:

It is the policy of MEDIC Regional Blood Center to be a Tobacco/Nicotine Free Facility.	Do you smoke or use Tobacco/Nicotine products? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 or older ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied at MEDIC before	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please list when and what position you applied for:	
Have you ever been employed by MEDIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please list when:	
Do you have any relatives employed at MEDIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please list their name:	
How were you referred? <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee Referral <input type="checkbox"/> MEDIC Website <input type="checkbox"/> Job Board <input type="checkbox"/> Other	
If an employee referral, list the name of the employee that referred you:	
If other, please list:	
Have you ever been convicted of any crime other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

Please start with the most current employment and work backwards

<input type="checkbox"/> Current Employer	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer:			
Supervisor Name:			
Address			
City:	State:	Zip:	
Company Phone Number:			
Dates of Employment:	From:	To:	
Position Title			
Starting Salary:		Final Salary:	
Summarize duties performed/responsibilities:			
Reason for Leaving:			

<input type="checkbox"/> Current Employer	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer:			
Supervisor Name:			
Address			
City:	State:	Zip:	
Company Phone Number:			
Dates of Employment:	From:	To:	
Position Title			
Starting Salary:		Final Salary:	
Summarize duties performed/responsibilities:			
Reason for Leaving:			

EMPLOYMENT HISTORY CONTINUED

<input type="checkbox"/> Current Employer	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer:			
Supervisor Name:			
Address			
City:	State:	Zip:	
Company Phone Number:			
Dates of Employment:	From:	To:	
Position Title			
Starting Salary:		Final Salary:	
Summarize duties performed/responsibilities:			
Reason for Leaving:			

<input type="checkbox"/> Current Employer	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer:			
Supervisor Name:			
Address			
City:	State:	Zip:	
Company Phone Number:			
Dates of Employment:	From:	To:	
Position Title			
Starting Salary:		Final Salary:	
Summarize duties performed/responsibilities:			
Reason for Leaving:			

Granting and continued employment is conditioned upon receipt of favorable references.

MILITARY EXPERIENCE

Please indicate any military service experience

Branch of Service:	From:	To:
Did you receive a honorable discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No		
What was your rank/position when you left the service:		
Please indicate the nature of your duties and specialized training related to the job for which you are applying:		

EDUCATION/ SKILLS

School	Name and Location of School	Course of Study	Did you Graduate? Yes/No	Circle Last Year Completed	Diploma/ Degree Obtained
High School				1 2 3 4	
GED					
Vocational				1 2 3 4	
College(s)				1 2 3 4 5 6 7 8	

PLEASE COMPLETE IF LICENSED, REGISTERED OR CERTIFIED

Type	No.	State Issued	Date Issued	Expiration

LANGUAGE SKILLS (OTHER THAN ENGLISH)

Since communication with Donors, their families and physicians can involve the use of foreign languages, please identify other languages that you speak, including sign language.

COMPUTER / TECHNICAL SKILLS

Summarize any computer experience or other skills (such as data processing, word processing, etc.) you have including knowledge of office equipment, software programs etc.

CUSTOMER SERVICE SKILLS

Summarize any customer service experience or other skills and training you have attended. Also, summarize what customer service means to you.

USE THIS SPACE FOR ANY ADDITIONAL COMMENTS YOU WOULD LIKE TO ADD: