



APPLICATION FOR EMPLOYMENT

Thank you for applying for a position with our Company. We appreciate the time you are giving to complete this application. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered.

HemaCare is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, creed, sex, sexual orientation, gender identity, national origin, ancestry, age, veteran status, disability unrelated to job requirements, genetic information, military service, or other protected status.

This application will remain on file for 60 days from the date signed below, after that you should resubmit a new application if you are interested in a position with our company.

The following information must be filled out completely for your application to be considered. DO NOT USE "see attached" or "refer to resume."

PERSONAL INFORMATION: [Please Print]

Name _____
Last First Middle

Have you ever used another name? Yes No Other names you have used: _____

Home Phone _____ Cell Phone _____ Email Address: _____

Present Address: _____
Street Address City State Zip County

Mailing Address: _____
Street Address City State Zip County

Please list the cities and corresponding states you have lived in during the past seven years:

1 _____ 2 _____ 3 _____
4 _____ 5 _____ 6 _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you over 18 years old? Yes No Are you eligible for employment in the United States? Yes No

(Note: If hired, proof of age and eligibility for employment will be required)

Have you ever been asked to resign from a job? Yes No If yes, please explain: _____

EMPLOYMENT DESIRED:

Position applying for: _____

Are you applying for: Regular Full Time Regular Part-Time Per Diem work?

What days and hours are you available for work? _____

Are you available to work weekends? Yes No Would you be available to work overtime or on-call? Yes No

If hired, on what date can you start work? _____

Have you applied to or worked at HemaCare before? Yes No If yes, when? _____

Do friends or relatives work at HemaCare? Yes No If yes, state name(s) and relationship(s): _____

Are you able to travel if the job requires? Yes No

Why are you applying for work at our Company? _____

Do you have any commitment that might conflict with your employment with our Company? Yes No

If yes, describe fully: _____

REFERENCES:

How did you become aware of the position for which you are applying? _____

Please give full name of individual or source _____

List below three professional references, not related to you, who knows your work performance within the last five years. Must include at least two managers or supervisors. If this does not apply to you, then provide three school references that are not related.

Name: _____ Position: _____

Company: _____ Phone No. _____

Address: _____

Relationship to you (e.g. Supervisor/Manager, co-worker, etc.) _____

Name: _____ Position: _____

Company: _____ Phone No. _____

Address: _____

Relationship to you (e.g. Supervisor/Manager, co-worker, etc.) _____

Name: _____ Position: _____

Company: _____ Phone No. _____

Address: _____

Relationship to you (e.g. Supervisor/Manager, co-worker, etc.) _____

EDUCATION, TRAINING, AND EXPERIENCE:

School:	Name, Address & Phone Number	No. of Years Completed	Degree or Diploma	Did you Graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational/Business				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have other experience, training, qualifications or skill that makes you well suited to work at HemaCare?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Managerial Skills: Yes No Typing Speed: _____ WPM Excel: Yes No

Graphics: Yes No Word Processing: Yes No

Please describe your skills in detail: _____

LICENSE AND CERTIFICATION INFORMATION: Answer the following questions if you are applying for a professional position:

Are you licensed or certified for the job applied for? Yes No N/A

License or Certificate Type	Issuing State	License or Certificate #	Expiration date
<i>Ex. RN</i>	<i>CA</i>	<i>12345</i>	<i>01/01/2009</i>
_____	_____	_____	_____
_____	_____	_____	_____

Has your license or certification ever lapsed, been revoked or suspended? Yes No

If yes, explain: _____

EMPLOYMENT HISTORY: List all present and past employment for the last ten (10) years, starting with your most recent employer.

DO NOT USE "see attached" or "refer to resume."

Are You Employed Now? Yes No If Yes, May We Inquire of Your Present Employer? Yes No

1. Name of Employer: _____ Your Supervisor's Name: _____

Address: _____ Telephone No. _____

Type of Business: _____ Was Termination Voluntary or Involuntary? Voluntary Involuntary

Your Position: _____ Dates of Employment: From: _____ To: _____

Summary of Responsibilities: _____

Reason for Leaving: _____

2. Name of Employer: _____ Your Supervisor's Name: _____

Address: _____ Telephone No. _____

Type of Business: _____ Was Termination Voluntary or Involuntary? Voluntary Involuntary

Your Position: _____ Dates of Employment: From: _____ To: _____

Summary of Responsibilities: _____

Reason for Leaving: _____

3. Name of Employer: _____ Your Supervisor's Name: _____

Address: _____ Telephone No. _____

Type of Business: _____ Was Termination Voluntary or Involuntary? Voluntary Involuntary

Your Position: _____ Dates of Employment: From: _____ To: _____

Summary of Responsibilities: _____

Reason for Leaving: _____

4. Name of Employer: _____ Your Supervisor's Name: _____

Address: _____ Telephone No. _____

Type of Business: _____ Was Termination Voluntary or Involuntary? Voluntary Involuntary

Your Position: _____ Dates of Employment: From: _____ To: _____

Summary of Responsibilities: _____

Reason for Leaving: _____

Describe in your own words why you want to work at HemaCare _____

Have you ever been terminated or asked to resign from a job? Yes No

If yes, please explain:

UNEMPLOYMENT HISTORY: Please account for any time(s) you were unemployed in the last ten years. You do not need to include periods of one month or less. (Note: Attach additional page(s) if necessary.) **List all periods of unemployment.**

Time Period	Reason(s) Unemployed

ANSWER ACCURATELY. WE CONDUCT FULL BACKGROUND VERIFICATION'S ONCE EMPLOYMENT OFFER IS ACCEPTED

Are you able to perform the essential functions of the applied job with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed and accommodations requested: _____

Is there any reason why you would not be able to conform to all attendance requirements fully? Yes No

If yes, describe fully: _____

AUTHORIZATION

PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH, THEN SIGN BELOW

PERSONALLY, COMPLETED FORM HONESTLY AND ACCURATELY

By my signature and initials placed below, I declare under penalty of perjury that the information provided in this employment application, and accompanying resume, if any, is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered later. I understand that any job offer is conditional based on the satisfactory review of my qualifications including any background or pre-employment drug screening which may be required.

INITIALS

OTHER EMPLOYMENT

I understand that, if hired, I may not hold other employment or engage in other activities that create a conflict of interest with my position with the company unless I have written permission from the company.

INITIALS

AUTHORIZATION TO OBTAIN INFORMATION

I voluntarily and knowingly authorize any present or past employer; supervisor; administrator; educational institution; law enforcement agency; state, local, or federal agency; credit bureau; collection agency; private business; military branch; the national personnel records center; personal reference; and/or other persons; to give records or information they may have concerning my criminal history, motor vehicle report, educational history, licensing, employment (including character, earnings history, and reasons for termination) or any other information requested by the company requested to determine my eligibility for employment.

(see separate Disclosure Agreement)

INITIALS

EASE

I voluntarily waive all recourse and release any company, individual or organization from liability for complying with any request from the company or agents of the company (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment. I further release the company or any individual within the company regarding the use any information received which may have a bearing on my application for employment.

INITIALS

NOTIFICATION & COMPLIANCE WITH RULES

I agree to immediately notify the company if I should be convicted of a crime while my job application is pending, or during my employment, if hired. If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies, and procedures of the company.

INITIALS

VALID DRIVERS LICENSE

I understand that if the position I have applied for requires me to drive while conducting company business, I must maintain a valid drivers' license issued by the state in which I work. I also must carry automobile insurance naming HemaCare Corporation as an additional insured and maintained an "approved driver" status as determined by the company's liability insurance provider.

INITIALS

AGREEMENT FOR AT-WILL EMPLOYMENT

I understand and agree that:

- Nothing contained in this application or conveyed during any interview, which might be granted, or during my employment, if hired, is intended to create an employment contract between HemaCare and me.
- My employment will be at-will, for no definite or determinable period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason or for no reason at all, with or without prior notice, at the option of the company or me.
- No promises or representations contrary to the preceding are binding on the company unless made in writing and signed by the Chief Executive Officer.
- I promise that I have not relied, and will not rely, on any oral or written statements to the contrary.
- The entire agreement between the company and me regarding the term of my employment and replaces any other oral or written agreement or understanding. *(see separate Agreement)*

INITIALS

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts outlined in the above employment application are true and complete to the best of my knowledge and authorize HemaCare to verify their accuracy and to obtain reference information on my work performance. I hereby release HemaCare from all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I would fully adhere to the policies, rules, and regulations of employment of HemaCare. However, I further understand that neither the policies, rules, regulations of employment nor anything during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration, at-will, and that either HemaCare or I may terminate my employment at any time or without notice or cause.

Date: _____ **Print Name:** _____ **Signature:** _____

PLEASE COMPLETE AND SIGN ANY SEPARATE DOCUMENTS WHICH MAY BE ATTACHED