

PLEASE READ CAREFULLY

Thank you for your interest in the American Red Cross. **In order to have your application processed, you must thoroughly answer all questions on the application form. Applications filled out incompletely will not be considered.** While we encourage you to attach a resume, please note that a resume will not substitute for completing any portion of this application. All information will be treated confidentially.

American Red Cross, an Equal Opportunity Employer, considers applicants for all positions without regard to race, color, religion, sex, age, national origin, disabled or veteran status, or other legally protected status.

The **A**merican Red Cross...
Always there...
touching more lives,
in new ways...
under the same trusted symbol.

THE MISSION OF THE AMERICAN RED CROSS

The American Red Cross is a humanitarian organization, led by volunteers, that provides *relief to victims* of disaster and helps people *prevent, prepare* for and *respond* to emergencies. It does this through services that are consistent with the congressional charter and the fundamental principles of the International Red Cross and the Red Crescent Movement

The American Red Cross Values

Affirming our commitment to the Fundamental Principles of the International Red Cross and Red Crescent Movement, we pledge ourselves to these Values:

HUMANITARIANISM

We exist to serve others in need, independently and without discrimination, providing relief for victims of disasters and helping people prevent, prepare for, and respond to emergencies.

STEWARDSHIP

We act responsibly, effectively, and efficiently with resources entrusted to us, always seeking to improve.

HELPING OTHERS

We are attentive and responsive to those we serve, always listening to their needs and looking for ways to serve through existing or new initiatives.

RESPECT

We acknowledge, respect, and support the rights and diversity of each person in our organization and in the communities we serve.

VOLUNTARY SPIRIT

We, as a family of donors, volunteers, and staff, search for ways to provide hope to those we serve while demonstrating compassion, generosity, and appreciation.

CONTINUOUS LEARNING

We seek, collectively and individually, to identify, obtain, and maintain competencies and the awareness required for exceptional service.

INTEGRITY

We act with honesty, demonstrate courage and accountability under pressure



Employment Application

General Information

Last Name	First	Middle Initial	Social Security No. - -	
Street Address		City	State	Zip Code
Home Phone ()		Work Phone ()		Other Phone ()
Position Applied For (Title)	Department	Job Code	Salary Requirement <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Date Available
How did you learn of this vacancy (please list the specific employee, newspaper, web site, or other source)?				
Have you previously used any other names besides what is provided above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify below:				
Are you over 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Are you eligible for employment in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes (If offered employment, you will be required to provide documentation to verify eligibility.)				

Red Cross Affiliation

Are you now or have you ever been employed by the American Red Cross? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list the location, title, department, and dates below:
Note: If you are currently employed by the Red Cross you may choose the appropriate time to inform your supervisor of this application. Your supervisor, however, must be informed if you are invited for an interview. Please attach your most recent work performance appraisal.
Are you now or have you ever served as a Red Cross volunteer staff member? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list location, title, department, and dates below:

Education

High School Name	City	State	Diploma/Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No
College and/or Technical School Name	City	State	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major	Degree Earned	If degree not earned, years completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Other Training or Degrees School Name	City	State	
Major	Degree Earned		

Professional Licenses

Title	No.	State	Expiration Date
Title	No.	State	Expiration Date

Record of Conviction

Have you ever been convicted of a crime other than a minor traffic offense (including during Military Service)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:
A record of a criminal conviction will not necessarily bar you from employment.

Equal Opportunity Employer

Employment History: List current/last employer first, include U.S. military service.

Employer Name		Address		City	State	Zip Code
Telephone No ()		Your Title		Department		
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title			
If you are still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Summary of duties:						
Reason for leaving:						
Employer Name		Address		City	State	Zip Code
Telephone No. ()		Your Title		Department		
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title			
Summary of duties:						
Reason for leaving:						
Employer Name		Address		City	State	Zip Code
Telephone No. ()		Your Title		Department		
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title			
Summary of duties:						
Reason for leaving:						

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Skills

List software in which you are proficient:										
List computer programming language in which you are proficient:										
Second Languages (including Sign Language):					Fluency					
Language					Written					
					Spoken					
					<input type="checkbox"/> Excellent		<input type="checkbox"/> Good		<input type="checkbox"/> Fair	
					<input type="checkbox"/> Poor		<input type="checkbox"/> Excellent		<input type="checkbox"/> Good	
					<input type="checkbox"/> Fair		<input type="checkbox"/> Poor		<input type="checkbox"/> Excellent	
					<input type="checkbox"/> Good		<input type="checkbox"/> Fair		<input type="checkbox"/> Poor	
					<input type="checkbox"/> Excellent		<input type="checkbox"/> Good		<input type="checkbox"/> Fair	
					<input type="checkbox"/> Poor		<input type="checkbox"/> Excellent		<input type="checkbox"/> Good	
					<input type="checkbox"/> Fair		<input type="checkbox"/> Poor		<input type="checkbox"/> Excellent	
					<input type="checkbox"/> Good		<input type="checkbox"/> Fair		<input type="checkbox"/> Poor	
Please list any other skills relevant to the position for which you are applying:										

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

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that false statements of any kind or omission of facts called for on this application are a basis for dismissal regardless when they are discovered. I understand that any employment offered is for an indefinite duration, unless otherwise specified in writing, and is at-will, which means that either I or the American Red Cross may terminate my employment at any time with or without notice or cause. I further understand that neither the policies, rules, regulations of employment, application for employment, nor anything said during the interview process shall be deemed to constitute the terms of any implied employment contract.

Signature of Applicant: _____ Date: _____



APPLICANT'S DISCLOSURE & CONSENT RELEASE OF INFORMATION

APPLICANT INFORMATION (Please Print)

Account Number: 101600625

Applicant Name: (First Middle Last)		Current Address (street address)		
Other Name(s) Used: (like Maiden)		City:	State:	Zip:
2. Other Name(s) Used:		Former Address: (1)		
Social Security No: - -		City:	State:	Zip:
Driver's License No.:	State:	Former Address: (2)		
Month & Day of Birth only:		City:	State:	Zip:

Applicant Instructions: Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.

DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICANTS AND EMPLOYMENT PURPOSES.

You should read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment, resume or during the course of your employment, if any.

Applicant acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but not limited to: driving record, workers compensation records, credit bureau files, financial records, military records, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. A photocopy scan or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes, including any future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

CONSENT STATEMENT

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this employer by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize InfoMart and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge this company, our agent, InfoMart and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

CALIFORNIA CONSUMER REPORTING ACT DISCLOSURE FOR EMPLOYMENT IN CALIFORNIA ONLY: By checking this box, I request to receive a copy of the report from the credit reporting agency at no charge at the same time the report is provided to the prospective employer.

Applicant Signature

Date

Applicant Name Typed or Printed



800.800.3774

1640 Powers Ferry Road
Building 19
Marietta, Georgia 30067



Invitation for Self-Identification For Applicants

The American Red Cross is an equal opportunity employer. In recognition of its responsibility to its paid and volunteer staff, and the community it serves, the Red Cross affirms its policy to assure fair and equal treatment in all of its employment practices for all persons. We consider applicants for all positions without regard to race, color, religion, sex, age, national origin, disabled or veteran status, or other legally protected status. To help us track our organizational success, we ask your assistance in filling out this voluntary self-identification form. In addition to our internal tracking, the Red Cross must meet government record-keeping and reporting requirements.

Completion of this form is voluntary, and will not affect your application for employment or employment with the Red Cross. This information will be kept in confidence and will not accompany your application to the prospective supervisors. Please contact the EEO Office if you have any questions.

Name

Date

Position applying for:

Check all that apply:

Female

Male

American Indian or Alaskan Native

Hispanic

Asian or Pacific Islander

White

Black

Vietnam Era Veteran: A veteran who:(1) served on active duty for more than 180 days any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Other Covered Veteran: Any veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.