



American Red Cross
Greater Rochester Chapter

Human Resources Department
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Rochester, New York 14607-1016
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585-241-4464 (TTY)
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HR@grcarc.org

APPLICATION FOR EMPLOYMENT

The American Red Cross is committed to providing the highest quality of professional services and assuring that all individuals are afforded the opportunity to participate in the activities of the agency both as volunteers and as employees. The American Red Cross considers applicants for all positions without regard to their legally protected status, including age, race, creed, color, religion, sex, marital status, sexual orientation, disability or veteran status.

THE AMERICAN RED CROSS, GREATER ROCHESTER CHAPTER, IS AN EQUAL OPPORTUNITY EMPLOYER.

GENERAL INFORMATION

DATE: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

ADDRESS: _____ APT. NO.: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (HOME): _____ PHONE (CELL): _____ E-MAIL: _____

HAVE YOU PREVIOUSLY BEEN EMPLOYED WITH THE AMERICAN RED CROSS, GREATER ROCHESTER CHAPTER? YES NO

EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR (MUST SPECIFY CURRENT OPEN POSITION): _____

DATE AVAILABLE TO START: _____ SALARY DESIRED: _____

HOW DID YOU HEAR ABOUT THIS POSITION AND THE AMERICAN RED CROSS? _____

WILL CONSIDER: FULL TIME PART TIME PER DIEM

EDUCATION/TRAINING

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL				
COLLEGE(S)				
GRADUATE SCHOOL(S)				
BUSINESS/ VOCATIONAL SCHOOL				

WHAT LANGUAGES, OTHER THAN ENGLISH, DO YOU SPEAK OR WRITE FLUENTLY? (ANSWER IS OPTIONAL): _____



The Rochester Chapter of the American Red Cross is committed to being the premiere inclusive and diverse nonprofit organization, where people want to partner, work, volunteer and access services.

EMPLOYMENT EXPERIENCE

List all employment, including military service. Please start with present or most recent position.

1. EMPLOYER: _____ PHONE NUMBER (WITH AREA CODE): _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATES EMPLOYED: FROM _____ TO _____ STATUS: FULL TIME PART TIME PER DIEM
JOB TITLE(S): _____
JOB DUTIES: _____
REASON FOR LEAVING: _____ ENDING SALARY: _____

2. EMPLOYER: _____ PHONE NUMBER (WITH AREA CODE): _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATES EMPLOYED: FROM _____ TO _____ STATUS: FULL TIME PART TIME PER DIEM
JOB TITLE(S): _____
JOB DUTIES: _____
REASON FOR LEAVING: _____ ENDING SALARY: _____

3. EMPLOYER: _____ PHONE NUMBER (WITH AREA CODE): _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATES EMPLOYED: FROM _____ TO _____ STATUS: FULL TIME PART TIME PER DIEM
JOB TITLE(S): _____
JOB DUTIES: _____
REASON FOR LEAVING: _____ ENDING SALARY: _____

4. EMPLOYER: _____ PHONE NUMBER (WITH AREA CODE): _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
DATES EMPLOYED: FROM _____ TO _____ STATUS: FULL TIME PART TIME PER DIEM
JOB TITLE(S): _____
JOB DUTIES: _____
REASON FOR LEAVING: _____ ENDING SALARY: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

If yes, please describe fully in a separate statement, addressed to the Director of Human Resources, the conviction(s) listing the nature of the offense, your age at the time, and your rehabilitation since the conviction(s). Record of convictions will not necessarily disqualify an applicant for employment.

APPLICANT'S STATEMENT

- I understand that any misrepresentation or omission of facts will be cause for immediate dismissal and/or grounds for withdrawal of any employment offers.*
- I understand that my employment is at will, and that I am free to resign at any time and that the American Red Cross may terminate the employment relationship at any time, with or without cause.*
- I understand that no management representative has any authority to enter into any agreement for employment which is contrary to the conditions listed above.*
- This application for employment shall be considered active until the specified position for which you applied has been filled. If you wish to be considered for another position which becomes available, you must reapply.*

SIGNATURE: _____

DATE: _____

APPLICANT DATA RECORD
(VOLUNTARY)
PLEASE COMPLETE

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Solely to help us comply with government record keeping and reporting, please provide the information about yourself requested on the Applicant Data Record.

The data will be kept in a confidential file separate from your Application for Employment. It will not accompany your application to the prospective supervisors.

GENDER: (Check one)

- Male Female

RACE/ETHNICITY:

Are you Hispanic or Latino? Yes No

If you answered “No” to the question “Are you Hispanic or Latino?” please check the applicable race box (check one):

- | | |
|---|--|
| <input type="checkbox"/> White (Not Hispanic or Latino) | <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) |
| <input type="checkbox"/> Asian (Not Hispanic or Latino) | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino) | <input type="checkbox"/> Two or More Races – All persons who identify with more than one of the above five races. (Not Hispanic or Latino) |

If you selected “Two or More Races” please identify the race with which you primarily identify:

- | | |
|---|---|
| <input type="checkbox"/> White (Not Hispanic or Latino) | <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) |
| <input type="checkbox"/> Asian (Not Hispanic or Latino) | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino) | |

VETERAN STATUS: (Check all that apply)

- I am **not** a veteran under any of the categories below. **OR** I am **not** a veteran of the U.S. Armed Forces.
- I am a **Recently Separated Veteran**. (Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran’s discharge or release from active duty.)
- I am a **Vietnam Era Veteran**. (A person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-related disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975 in any other location.)
- I am a **Special Disabled Veteran**. (A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Department of Veterans Affairs for disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 30 U.S.C. 3106 to have a serious employment handicap OR a person who was discharged or released from active duty because of a service-connected disability.)
- I am a **Protected Veteran**. (A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.)

FOR HUMAN RESOURCES DEPARTMENT USE ONLY:

APPLICANT ID #: _____