

# **EXTERNSHIP APPLICATION** ©

**Community Blood Center/ Community Tissue Services™ 349 S. Main St., Dayton, Ohio 45402**

Last Name (Print): \_\_\_\_\_ First Name (Print): \_\_\_\_\_

MI: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Home Address:**

Street: \_\_\_\_\_

P.O. Box/Apt #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

ExternsHIP are you requesting :  
 ( Please ✓ all that apply)

\_\_\_\_\_ **Extern:**     Human Resources  
                            Corporate Newsletter  
                            Branch location:  
                            Toledo     Darke County  
                            Main Office-Dayton

Other \_\_\_\_\_

## **EDUCATION BACKGROUND**

	Name of School	Specialty/Major	Graduated/Degree
High School	_____	_____	_____
Bus./Voc.	_____	_____	_____
College	_____	_____	_____
Graduate	_____	_____	_____

What languages other than English do you speak, read or write? \_\_\_\_\_

## **EMPLOYMENT HISTORY and SKILLS**

**Present or immediate past employment history (attach resume if available)**

Employer: \_\_\_\_\_ Work Performed: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Supervisor: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please check any skills you have had at least 3 months of experience:**

- \_\_\_\_\_ Clerical
- \_\_\_\_\_ Computer Programs or software \_\_\_\_\_
- \_\_\_\_\_ Customer Service
- \_\_\_\_\_ Database Management Programs \_\_\_\_\_
- \_\_\_\_\_ Volunteer?    Where? \_\_\_\_\_
- How long? \_\_\_\_\_ years \_\_\_\_\_ months
- \_\_\_\_\_ Other skills \_\_\_\_\_

If applicable, please list the name, address, phone and email of your Extern school or college advisor?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

These references will be checked. List two people, other than family, who know your qualifications and/or background.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Daytime Phone: ( ) \_\_\_\_\_  
Evening Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Daytime Phone: ( ) \_\_\_\_\_  
Evening Phone: ( ) \_\_\_\_\_

**COMMITMENT**

Because of training and support we request that each EXTERN commit to a minimum of 8 to 10 hours per week (Week is defined as Monday through Friday)

Are you willing to meet this expectation? Yes \_\_\_ No \_\_\_

**Availability:** (*circle appropriate response*)

**Flexible** (anytime)

Monday AM PM Friday AM PM  
Tuesday AM PM Saturday AM  
Wednesday AM PM  
Thursday AM PM

Have you ever been a CBC/CTS volunteer or Extern? Y \_\_\_ N \_\_\_ If yes, where/dates? \_\_\_\_\_

Can you perform the essential duties of this externship with or without accommodation? Y \_\_\_  
N \_\_\_

You will be asked to attend an orientation/ training. What time period are you available?  
\_\_\_ Morning 10am- Noon \_\_\_ Afternoon 1-3pm \_\_\_

Have you ever been convicted of a felony? Y \_\_\_ N \_\_\_

If yes, explain \_\_\_\_\_

**Please note: Senate Bill #187 requires us to notify all intern and volunteers that they may be subject to a criminal records check.**

With my signature below, I hereby give CBC/CTS permission to inquire into my educational background, personal references, driving record, police records (criminal background check), and employment and/or volunteer history. I further give permission to the holder of any such information or records to release the same to CBC/CTS. I will be expected to read, to sign and to uphold a confidentiality agreement (as attached or provided at a later date).

I do hereby hold the CBC/CTS harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business or corporation that provides information or documents to CBC/CTS. I understand that CBC/CTS will use this information as part of its verification of my Intern application.

I certify that the information given herein is true and correct to the best of my knowledge and belief. I understand that providing false information of this application may be grounds for denying my application or for terminating my services as a volunteer.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature when applicant is under 18 years of age:** \_\_\_\_\_ **Date** \_\_\_\_\_

