



The International Association for Organ Donation

Application for Employment

Please answer all questions. Type or print clearly using black ink. Attach a copy of your resume (if available). This application will remain active for twelve (12) months.

PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone number: () _____ Social-Security Number: _____

Are you 18 years or older? Yes No

Are you presently legally authorized to work in the United States? Yes No

Full time: Yes No Part time: Yes No

Have you ever been convicted of a crime? Yes No

Are there any charges pending against you? Yes No

*Please give dates, places, and disposition of all convictions and any other information about convictions. The IAOD will conduct a criminal background check for all new employees.

* A yes response does not automatically disqualify a job applicant from further consideration. Each application es evaluated individually, based on a number of factors including nature of the crime, how long ago and/or release from incarceration?

Will you consider temporary employment? Yes No

Full-Time Part-Time Either Available at work Days Evening Any

Number of hours per week? (1-40) _____

Which days of the week you are able to work?

Monday Tuesday Wednesday Thursday Friday

Minimum Annual Salary required: _____

Have you previously been employed by the IAOD? Yes No

Do you have relatives working at the IAOD? Yes No If yes, provide informaion below

Relative's name _____ Relationship _____ Department _____

Education

(Complete All Relevant Sections. Indicate - See Resume - for Additional Information)

SCHOOL	DEGREE	DATES	GRADUATED	MAJOR	GPA	SCHOOL	STATE
High school							
College							
College							
Bus/Tech							
Other							

Training Courses/Seminars

TRAINING TITLE	COMPLETION DATE

Honors

HONOR OR AWARD	ORGANIZATION	AWARD DATE

Volunteer Experience or Civic Activities

ORGANIZATION	ROLE IN ORGANIZATION	START/END

Employment History

Start with present or most recent employer. List all paid employment, full-time and part-time, including military service. Include all position held, if you run out of space please make a copy of this page.

Please print clearly

Employer and Department:		Telephone:
City:	State:	County:
Supervisor's Name: May we contact your supervisor? <input type="checkbox"/>Yes <input type="checkbox"/>No		
Start Date: (MM/YY)		End Date: (MM/YY)
Beginning Salary: _____		Final Salary: _____
<input type="checkbox"/> Per Hr <input type="checkbox"/> Per Month <input type="checkbox"/> Year		
Beginning Title: _____		Final Title: _____
Reason for leaving position:		
Duties:		

Employer and Department:		Telephone:
City:	State:	County:
Supervisor's Name: May we contact your supervisor? <input type="checkbox"/>Yes <input type="checkbox"/>No		
Start Date: (MM/YY)		End Date: (MM/YY)
Beginning Salary: _____		Final Salary: _____
<input type="checkbox"/> Per Hr <input type="checkbox"/> Per Month <input type="checkbox"/> Year		
Beginning Title: _____		Final Title: _____
Reason for leaving position:		
Duties:		

Employer and Department:		Telephone:
City:	State:	County:
Supervisor's Name: May we contact your supervisor? <input type="checkbox"/>Yes <input type="checkbox"/>No		
Start Date: (MM/YY)		End Date: (MM/YY)
Beginning Salary: _____		Final Salary: _____
<input type="checkbox"/> Per Hr <input type="checkbox"/> Per Month <input type="checkbox"/> Year		
Beginning Title: _____		Final Title: _____
Reason for leaving position:		
Duties:		

Authorization and Understanding

I understand that the IAOD may investigate my work and personal history and verify all data given on this application for employment, on related papers, and in interviews. This inquiry may include information regarding my character and general reputation. I consent to the International Association for Organ Donation conducting this inquiry relating to my former employers, statements and references provided during this interview process. I understand and acknowledge that any misrepresentation, omission or incorrect statement of facts can result in the rejection of my application or, if hired, immediate discharge.

Non-Compete Clause

I understand that if I am hired by the International Association for Organ Donation I will enter into a non-compete agreement, stating that I will not apply nor accept any job or consulting opportunities with any organization affiliated with the IAOD for which I have built a working relationship with through the position I am applying for.

The IAOD is an at-will employer and has the right to terminate employment at any time.

- * All property and/or equipment used by any employee, including but not limited to (phones, computers, faxes, printers, copiers, and postal machines along with the output from each item listed above is the sole property of the International Association for Organ Donation. The IAOD reserves the right to access any materials and/or equipment on its premises.

Print Name _____ Signature _____ Date _____

Authorization for a Criminal Records Check

Fill out completely. Type or print clearly.

Last Name:	First:	Middle:
Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Driver License or State ID	Number:	State:
Check here if you do not have a Driver License or a State ID card <input type="checkbox"/>		

I, the undersigned, authorize the International Association for Organ Donation through the Department of State Police, Central Records Division, the International Association of Public Safety and Security or any other agency, to conduct a criminal file check or investigation by name and identities to determine the existence of any arrest resulting in conviction.

Signature _____ Date _____