

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



General Information

Form with fields: Last Name, First, Middle Initial, Street Address, City, State, Zip Code, Home Phone, Work Phone, Other Phone, Position Applied For (Title), Department, Job Code, Salary Requirement, Date Available, and various checkboxes for eligibility and previous employment.

Red Cross Affiliation

Form with fields: Are you now or have you ever been employed by the American Red Cross? and Are you now or have you ever served as a Red Cross volunteer staff member? Includes a note about supervisor notification.

Education

Form with fields: High School Name, City, State, Diploma/Equivalent?, College and/or Technical School Name, City, State, Degree?, Major, Degree Earned, If degree not earned, years completed, Other Training or Degrees School Name, City, State, Major, Degree Earned.

Professional Licenses

Form with fields: Title, No., State, Expiration Date (repeated twice).

Record of Conviction

Form with field: Have you ever been convicted of a crime other than a minor traffic offense (including during Military Service)? Includes a note: 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: \_\_\_\_\_



## 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.

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Name

Date

Position applying for:

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**Check all that apply:**

*Female*

*Male*

*White, Not Hispanic*

*Asian or Pacific Islander*

*Black or African – American, Not Hispanic*

*American Indian or Alaskan Native*

*Hispanic or Latino*

*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 Protected Veteran:* Veteran's who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.