

Donor Services of Indiana, Inc.
Application for Employment

Employment Experience

List past employers starting with the present or last job held. This includes military experience.

Employer's Name _____ Dates Employed
From _____ To _____
Address _____
Position Held _____ Telephone# _____
Reason for leaving _____

Employer's Name _____ Dates Employed
From _____ To _____
Address _____
Position Held _____ Telephone# _____
Reason for leaving _____

Employer's Name _____ Dates Employed
From _____ To _____
Address _____
Position Held _____ Telephone# _____
Reason for leaving _____

List any professional , business, trade, or civic organizations of which you are a part and any position held:

Name _____
Position Held _____
Participation Time _____

Name _____
Position Held _____
Participation Time _____

Name _____
Position Held _____
Participation Time _____

You may exclude membership which would reveal gender, race, religion, national origin, age, disability or other protected status.

Does your current or past employer hold an employment agreement with you which prohibits you from being employed with DSI in the Tissue Recovery Industry? Yes _____ No _____

List any additional qualifications or skills that have not be mentioned:

PC _____ Word Processing _____ Medical instruments _____
Other _____ Medical Terminology _____

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Applicant's Employment Statement

I certify that I have answered all the questions in truth and to the best of my knowledge.

I understand that DSI has the right to investigate any to all of the information that I have placed on this application with an effort to determine my employability. This application will be held for consideration for 30 days or until a position for which I am qualified is filled. After the stated period to be considered for employment it is my responsibility to go out on the website and complete another application.

I understand and acknowledge that DSI is an at-will organization, that employment can be terminated by DSI or me, for any reason or no reason at all. I also understand that there is no other argreement written or verbal that can change the at-will employment here at DSI.

I understand that if I am selected for employment and I have given any false or misleading information on my application or during the interview process that I may be discharged from employment. I understand that I am expected to follow all the policies and procedures set by DSI.

Signature of Applicant

Date

At the time of the interview you will be asked to review the job description to determine that you can perform the essential functions. At that time you will answer: yes_____ no_____