# Please email your completed application to director@assistcpc.org

# Employment Application

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Application: |  | Position Sought: |  |
| Referred by: |  | | |

## Personal Data

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Former Name: |  |
|  | Last | First | M.I. |  | *Maiden* |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone (Home): |  | Phone (Cell): |  |
| Email: |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Social Security Number: |  | Are you over 18 years old? | YES | NO |

|  |  |  |
| --- | --- | --- |
| Are you legally eligible for employment in the United States? *(If offered Employment, you will be required to provide documentation to verify eligibility.*) | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever worked for a faith-based Pregnancy Center? | | YES | NO |
| If yes, explain: |  | | |

## Education

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| High School: Number of years completed | | 1 | 2 | 3 | 4 | Diploma: | YES | NO | G.E.D.: | YES | NO |
| School: |  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| College and/Vocational School: Number of years completed: | | | | 1 | | 2 | 3 | | 4 | 5 | 6 | 7 |
| School(s): |  | | Address: | |  | | | | | | | |
| Major: |  | | Degrees Earned (Date): | | | | |  | | | | |
| Describe other trainings or degrees: | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |

## Employment History

List the last three positions you have held beginning with the most recent.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Salary: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Salary: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | Salary: |  |

|  |
| --- |
| Responsibilities: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  | | | |
|  | | | |

## General Information

|  |
| --- |
| 1. What is your reason for seeking employment here? |
|  |

|  |
| --- |
| 1. How does your spouse/family feel about this involvement? |
|  |

|  |
| --- |
| 1. Have you ever counseled a woman who was considering an abortion? Please explain. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever known a single mother? | YES | NO |  |
| If yes, what were your feelings about her particular situation? | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy? | | | | | |
| Never an option | Case of rape/incest | | Physical life of the mother | Case of extreme psychological stress | |
| Other; Please explain | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Knowledge of abortion methods: | | | | |
| Excellent | Good | Fair | Poor |  |
| Knowledge of abortion risks: | | | | |
| Excellent | Good | Fair | Poor |  |
| Knowledge of existing state and federal laws regulating abortion: | | | | |
| Excellent | Good | Fair | Poor |  |
| Knowledge of what the Bible teaches about abortion: | | | | |
| Excellent | Good | Fair | Poor |  |

|  |
| --- |
| 1. How do you feel about a single woman parenting her baby? |

|  |
| --- |
| 1. How do you feel about a woman making an adoption plan for her baby? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Are you currently seeking to adopt a child? | YES | NO |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Have you ever sought to adopt a child? | YES | NO |  |

|  |
| --- |
| 1. When do you feel sexual intercourse is morally permissible? |
|  |

|  |
| --- |
| 1. Would you recommend contraceptives to single teenagers or single adults who are sexually active? |
|  |

## Training & Gifts

|  |
| --- |
| 1. What special skills, talents, gifts or personality traits would you bring to this ministry? |
|  |

|  |
| --- |
| 1. What are your strengths? |
|  |

|  |
| --- |
| 1. What are possible areas of weakness? |
|  |

|  |
| --- |
| 1. What personality types do you have difficulty working with? |
|  |

|  |
| --- |
| 1. How do you resolve conflict/disagreement? |
|  |

## Christian Walk

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Do you consider yourself a Christian? | YES | NO |  |
| If yes, please explain what it means to be a Christian. | | | |

|  |  |
| --- | --- |
| 1. How long have you been a Christian? |  |
| Give a brief statement about how you came to know Christ as your personal Lord and Savior. | |

|  |
| --- |
| 1. Since the beginning of your relationship with Christ, how has your life changed? |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Church Name: |  | Denomination: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | |  |
|  | Street Address | |  |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Pastor’s Name: |  | Phone : |  |

|  |  |
| --- | --- |
| How long have you been involved in your church? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you currently involved in a Bible study? | YES | NO | If yes, for how long? |  |

|  |
| --- |
| 1. Do you have a daily devotional time? Briefly describe it.   Yes. I read Our Daily Bread each morning and mediate on His words throughout the day and share with friends and family. Throughout the day, I love singing worship songs, in the car or at home. When I am feeling down or worried, my prayer is through singing worship songs as my prayers. Not every day but I also follow 2019 Bible Reading Plan in McLean Bible App. |

|  |
| --- |
| 1. Working at a pregnancy center is spiritual warfare. How do you feel you will personally deal with this? |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Please review our Statement of Faith and Statement of Principle on our website.   Are you in total agreement with these two statements? | YES | NO |  |
| If no, please explain. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Do you have any questions about these two documents? | YES | NO |  |
| If yes, write questions here: | | | |

## References

|  |  |  |  |
| --- | --- | --- | --- |
| Please list three or more references below, including at least one employer reference and one pastoral reference; provide each of them with the attached reference form to be submitted directly to us via mail or email to complete your application process. | | | |
| **Name** | Address | **Phone Number/email** | Years Acquainted |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Applicant’s Certification and Agreement

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge, and I authorize my prospective employer to verify their accuracy and to obtain reference information on my work performance and character. I give permission to my prospective employer to conduct a criminal background check to the extent that the position for which I am applying may involve interaction with minors. I release my prospective employer and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any employment decisions made based upon such information. I understand that, if employed, any falsified statements or omissions of material information on this application may lead to my prompt dismissal. If I am offered and accept employment, I agree to fully adhere to the policies and rules of my prospective employer. However, I understand that neither the existence of such policies and rules nor anything said during my interview process shall be deemed to create an express or implied employment contract. I UNDERSTAND THAT ANY EMPLOYMENT THAT MAY BE OFFERED TO ME WILL BE FOR AN INDEFINITE DURATION AND ON AN AT-WILL BASIS. I understand that either my prospective employer or I will have the right to terminate any such employment at any time with or without notice or cause.

I further certify that I have read and that I am in full agreement with the pregnancy center's Statement of Faith and Statement of Principle.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |