

# CARE NET PREGNANCY CENTER OF THE EUP EMPLOYMENT APPLICATION

Name: \_\_\_\_\_ Position Sought \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Number and Street City State Zip code

Phone # \_\_\_\_\_ Email \_\_\_\_\_ Birth Date \_\_\_\_\_

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 been convicted of a crime other than a minor traffic offence? (*including while in the military*) \_\_\_ Yes \_\_\_ No

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

## Education:

High School: Number of years completed (*circle one*) 1 2 3 4 Diploma: \_\_\_ Yes \_\_\_ No G.E.D.: \_\_\_ Yes \_\_\_ No

School \_\_\_\_\_

College and/or Vocational School: Number of years completed (*circle one*) 1 2 3 4 5 6 7

School(s) \_\_\_\_\_ Address \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned (Date) \_\_\_\_\_

Describe other training or degrees: \_\_\_\_\_

**Employment History:** List most recent employment first. May we contact your present employer? \_\_\_ Yes \_\_\_ No

Employer \_\_\_\_\_ Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor name \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor name \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor name \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Additional Information:**

1. What is your reason for seeking employment here? \_\_\_\_\_

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

3. This organization is a pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide crisis pregnancy services in this community. Please write a brief statement about how your faith would affect your work if hired.

4. Are you currently active in a local body of believers? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Name of church or fellowship group: \_\_\_\_\_

**References:**

Please provide at least two employment references and at least two personal references (*including your pastor*):

Name	Address	Phone #	Years Acquainted	Relationship
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

**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 of Applicant \_\_\_\_\_ Date \_\_\_\_\_