

# Pregnancy Service Center Employment Application

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Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Number & street City State Zip code

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_ E-mail Address \_\_\_\_\_

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 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/bold one*) 1 2 3 4 Diploma: YES NO G.E.D.: YES NO

School \_\_\_\_\_

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

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

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

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

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**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 \_\_\_\_\_

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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. Do you consider yourself a Christian?      YES      NO      *If yes, how long have you been a Christian?*

Give a brief statement about how you came to know Christ as your personal Lord and Savior.

5. How has your life changed since your personal relationship with Christ began?

**Please provide the following information concerning your local church.**

Church name	Denomination
Address	
Pastor's name	Phone

Positions in which you have served

1. Have you ever counseled a woman who was considering an abortion? YES NO

(Explanation)

2. Under what circumstances would you consider abortion as an alternative for a woman with an unplanned pregnancy?

Never an option

\_\_\_\_\_ In cases of rape or incest

In cases where the mother's life was in extreme peril

In cases of extreme psychological distress

Other (specify)

3. Please list any books, films, or other material that you have read or viewed that relate to abortion, pregnancy, or alternatives to abortion.

4. How would you rate yourself in the following areas?

Knowledge of abortion methods:	_____	_____	_____	_____
	excellent	good	fair	poor
Knowledge of current laws concerning abortion:	_____	_____	_____	_____
	excellent	good	fair	poor
Knowledge of what the Bible teaches about abortion:	_____	_____	_____	_____
	excellent	good	fair	poor

5. When do you feel that sexual intercourse is morally permissible?

6. What are your feelings regarding birth control for teens and single women who are sexually active?

**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 Service Center's Mission, Vision, and Statement of Faith.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



## Permission to Obtain a Background Check

*(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least five years after requesting a background check.)*

In the interest of safety and security I, the undersigned applicant (also known as “consumer”), authorize \_\_\_\_\_ through its independent contractor, LexisNexis, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to \_\_\_\_\_, if such is made within a reasonable time from the date it was produced. I

also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Identifying Information for Background Information Agency**  
(also known as "Consumer Reporting Agency")

Print

Name: \_\_\_\_\_

\_\_\_\_\_

First

Middle

Last

Current Address:

\_\_\_\_\_

\_\_\_\_\_  
Dates                      Street /P. O. Box                      City                      State                      Zip Code    County

Former Address:

\_\_\_\_\_

\_\_\_\_\_  
Dates                      Street /P. O. Box                      City                      State                      Zip Code    County

Social Security Number: \_\_\_\_\_ Daytime Telephone Number:

\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Date of Birth:

\_\_\_\_\_ Gender \_\_\_\_\_