

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 been convicted of a crime other than a minor traffic offense? (including while in the military) YES NO

If yes, explain: _____

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?

2. How does your spouse/family feel about this involvement?

3. Have you ever counseled a woman who was considering an abortion? Please explain.

4. Have you ever known a single mother? YES NO

If yes, what were your feelings about her situation?

5. 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 _____

6. 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

2. What are your strengths?

3. What are possible areas of weakness?

4. What personality types do you have difficulty working with?

5. 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.

2. How long have you been a Christian?

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

3. Since the beginning of your relationship with Christ, how has your life changed?

4. 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? _____

5. Do you have a daily devotional time? Briefly describe it.

6. Working at a maternity home is spiritual warfare. How do you feel you will personally deal with this?

STATEMENT OF FAITH

Lifeline Family Center is a home dedicated to saving the unborn and providing young women in unplanned pregnancies with a comprehensive educational program in a safe, secure Christian home. It is our hope to introduce her to, or acquaint her with, the unconditional love of Jesus Christ.

WE BELIEVE IN:

1. The inspiration of the Bible, equally in all parts and without error in its origin.
2. The one God, eternally existent Father, Son, and Holy Spirit, who created man by a direct immediate act.
3. The pre-existence, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to Heaven, and the second coming of the Lord Jesus Christ.
4. The fall of man, the need of regeneration by the operation of the Holy Spirit on the basis of grace alone, and the resurrection of all to life or damnation.
5. The spiritual relationship of all believers in the Lord Jesus Christ, living a life of righteous works, separated from the world, witnessing of His saving grace through the ministry of the Holy Spirit.

We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God and the rejection of one's biological gender is a rejection of the image of God within that person (Genesis 1:26-27).

MISSION STATEMENT

To provide a safe, nurturing, Christian family environment that serves as a temporary haven for healing, restoration, and growth. To equip unwed pregnant and parenting young women and their children with the skills, tools and resources needed to move on and live healthy, stable, flourishing lives.

VISION

Every unwed pregnant and parenting young woman and her children experience the love and hope that come through the transforming power of Jesus Christ, have a healthy start to reach their God-given potential and a safe, nurturing, secure place to call home.

7. Please review our abovementioned Statement of Faith, Mission Statement, and Vision.
Are you in total agreement with these statements?

YES NO

If no, please explain.

8. Do you have any questions about these statements?

YES NO

If yes, write questions here:

References

Please list three or more references below. Include at least two employer references and a pastoral reference.

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, Mission Statement, and Vision.

Signature: _____ Date: _____

Lifeline Family Center shall contact all references, clear records of law enforcement agencies and may review credit records on all applicants. In addition, some states require fingerprinting and a police check. We will not seek this information without your consent. Below you will find a Release of Information statement for this purpose.

RELEASE OF INFORMATION

I/We understand that the ministry may be soliciting information from my/our employers, my/our pastor, the police, credit report and other references. This information will be used only to assist the ministry in assessing my/our abilities as a potential houseparent/s and/or meeting state requirements. I/We give my/our permission for the release of this information.

Signature _____ Date _____

Signature _____ Date _____

*****FOR HOUSEPARENT APPLICANTS ONLY BELOW THIS LINE*****

1. Please write a statement answering the question, "What is a Houseparent?" explaining how you see your role in the ministry in relation to the birth mothers and the ministry as a whole.

2. Do either of you have any physical limitations? Husband YES NO Wife YES NO

If yes, please explain.

3. Are either of you currently under a physician's care? Husband YES NO Wife YES NO

If yes, please explain.

4. Are you physically able to perform menial yard and house chores? YES NO

If no, please explain.

5. Are your children in good health? YES NO

If no, please explain.

YES NO

6. Do you participate in any sports?

If yes, which ones?

7. What are your hobbies?

YES NO

8. Has any member of your family been arrested?

If yes, please describe date, location, and charge.

YES NO

9. Do you have an unrestricted driver's license?

If no, please explain.