EMPLOYMENT APPLICATION

Pregnancy Choices requires the following to be considered for employment:

1) The submission of this completed and signed application
2) Three references with current email and phone on separate sheet of paper –including one from your pastor or someone in leadership of the church where you attend, no family members
3) A current resume

PERSONAL INFORMATION

NAME (LAST) (FIRST) (MIDDLE)		DATE
STREET ADDRESS	PRIMARY TELEPHONE	SECONDARY TELEPHONE
CITY STATE ZIP	EMAIL	

CAREER INTERESTS

Indicate below the type of employment for which you are applying:

_____Full time ____Part time ____Temporary

_____ POSITION DESIRED

_____ MINIMUM SALARY REQUIRED

_____ DATE AVAILABLE FOR WORK

PLEASE INDICATE WHAT DAYS AND TIMES YOU ARE AVAILABLE TO WORK.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING					
AFTERNOON					
EVENING					

GENERAL INFORMATION

____Yes ____No Are you eligible for employment in the United States? Proof of citizenship or immigration status will be required upon employment.

____Yes ____No Are you at least 18 years of age?

____Yes ____No In the last ten years, have you been convicted of or pleaded guilty to a felony or other offense including military service convictions or guilty pleads?

____Yes ____No Are you related, biologically or by legal action, to any employee or volunteer of Pregnancy Choices? If yes, please state name and relationship: _____.

____Yes ____No Have you ever applied for a position with Pregnancy Choices before? If yes, please state date applied and position: _____

____Yes ____No Have you ever been employed or volunteered at Pregnancy Choices before? If yes, please state dates of employment/volunteer work and previous title: _____
Why did you leave Pregnancy Choices? _____

____Yes ____No Have you ever been known by a different name? If yes, please indicate: _____

EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	DEGREE AND MAJOR COURSE
HIGH SCHOOL	FROM: TO:		
COLLEGE	FROM: TO:		
GRADUATE/PROFESSIONAL	FROM: TO:		
OTHER	FROM: TO:		

EMPLOYMENT HISTORY

Begin with your most recent/present employer and list all work experience in order. Please include all full-time, part-time and temporary positions.

_____
NAME OF EMPLOYER

_____
TITLE OF POSITION

_____
ADDRESS

_____

FROM: _____ _____
MONTH/YEAR MONTH/YEAR

FULL TIME _____ PART TIME _____ TEMPORARY _____

TELEPHONE: MAY WE CONTACT? ____YES ____NO

STARTING SALARY:

FINAL SALARY:

REASON FOR LEAVING:

_____

LIST MAJOR RESPONSIBILITIES:

_____

_____
NAME OF EMPLOYER

_____
TITLE OF POSITION

_____
ADDRESS

_____

FROM _____ TO: _____
MONTH/YEAR MONTH/YEAR

FULL TIME_____ PART TIME_____ TEMPORARY_____

TELEPHONE: MAY WE CONTACT? ____YES ___NO

STARTING SALARY :

FINAL SALARY :

REASON FOR LEAVING:

_____

LIST MAJOR RESPONSIBILITIES:

_____

_____
NAME OF EMPLOYER

_____
TITLE OF POSITION

FROM: MONTH/YEAR TO: MONTH/YEAR

FULL TIME_____ PART TIME_____ TEMPORARY_____

_____
ADDRESS

TELEPHONE_____ MAY WE CONTACT? ____YES ____NO

_____

STARTING SALARY:

FINAL SALARY:

REASON FOR LEAVING:

_____

LIST MAJOR RESPONSIBILITIES:

_____

_____
NAME OF EMPLOYER

_____
TITLE OF POSITION

FROM: MONTH/YEAR TO: MONTH/YEAR

FULL TIME_____ PART TIME_____ TEMPORARY_____

_____
ADDRESS

TELEPHONE_____ MAY WE CONTACT? ____YES ____NO

_____

STARTING SALARY:

FINAL SALARY:

REASON FOR LEAVING:

_____

LIST MAJOR RESPONSIBILITIES:

_____

ADDITIONAL QUESTIONS

1. Do you agree, without reservation, with the Pregnancy Choices' Operating Statements? Yes No (Please Circle One)

If not, for which statements do your personal beliefs differ?

_____

_____

_____

2. What interests you about working in this type of ministry?

_____

_____

_____

3. What personal strengths do you bring to this position?

_____

_____

_____

4. Please list any additional skills, experience, honors, awards, or information you feel may be helpful to us in considering your application.

_____

_____

_____

6. If you consider yourself a Christian, briefly describe how and when you became a Christian.

_____

_____

_____

BACKGROUND CHECK

All Pregnancy Choices staff and volunteers must pass a background check prior to serving in our center. In addition, please answer the following questions:

1. Have you ever been cautioned, charged, or convicted of a criminal offence? YES NO
   If yes, please explain:

_____

_____

2. Have you ever been accused or convicted of abuse to children or adults? YES NO
   If yes, please explain:

_____

_____

3. Have you ever been accused or convicted or assault: YES NO
   If yes, please explain:

_____

_____

By signing this application you are acknowledging the above stated information is true to the best of your knowledge.

_____ _____/_____/_____
Signature Date

PLEASE READ CAREFULLY BEFORE SIGNING

An offer of employment is contingent upon the applicant's ability to provide documented proof of identity and right to work in the United States, as required by the Immigration Reform and Control Act.

I authorize investigation of all information contained in this application. I understand that a false answer, misrepresentation or omission of facts will constitute grounds for dismissal if I am employed.

I further understand that, if I am hired, my employment with Pregnancy Choices is on an "at will" basis, which means that my employment may be terminated with or without cause and with or without notice.

By signing below, you are stating that the information provided is true and correct, and that you have personally filled out this application.

_____ _____/_____/_____
Signature Date

Please drop off completed application and resume to:
Pregnancy Choices
ATTN: Executive Director
617 West Division
Mount Vernon, WA 98273

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION INFORMATION

It is the policy of Pregnancy Choices to provide equal opportunity to all employees and applicants without discrimination based on race, color, sex, national origin, religion, marital status, disability, Vietnam veteran status, age, sexual orientation or other conditions specified in Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Vietnam Era Veterans Readjustment Assistance Act of 1974. The information requested below is voluntary and will be kept confidential.

_____ _____/_____/_____
NAME (LAST) (FIRST) (MIDDLE INITIAL) DATE

_____ _____
POSITION APPLIED FOR SOCIAL SECURITY NUMBER

Check One: ___Male ___Female

Check One: ___White ___African American ___Hispanic

___Asian or Pacific Islander ___American Indian or Alaskan Native

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Check if any of the following apply to you:

___Vietnam Era Veteran ___Disabled Veteran

Referral Source: Check any of the following that apply to you:

___Newspaper Advertisement ___Employee Referral

___Walk-in ___Employment Agency

___Other (please specify)_____

_____
Signature of Applicant