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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:

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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?

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

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

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4. We offer a Post Abortion Support Group for women who have experienced an abortion in their past. Your answer to this question is confidential. Staff and Volunteers are required to participate in this group for the purpose of finding freedom and to better help the women we serve. Have you had an abortion? If so how long ago and have you been through a post abortion support group?

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

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

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7. Pregnancy Choices is an interdenominational, Christian organization. Would you be willing to work in harmony and cooperation with other Christians whose doctrine may differ from your own? Yes No (Please Circle One)

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8. What do you do to keep growing in your relationship with the Lord?

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9. How has God been working in your life recently?

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10. Do you have a mentor in your life? How do they help you in your spiritual walk?

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11. Do you have a prayer partner? How often do you pray together?

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12. In what areas do you feel you would like to grow in your faith?

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## 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:*

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2. Have you ever been accused or convicted of abuse to children or adults? YES NO

*If yes, please explain:*

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3. Have you ever been accused or convicted of assault: YES NO

*If yes, please explain:*

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**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 or mail 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

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Check One:

Male

Female

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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

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

Newspaper Advertisement

Employee Referral

Walk-in

Employment Agency

Other (please specify) \_\_\_\_\_

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Signature of Applicant