COMFORT CARE WOMEN'S HEALTH

Competent, Compassionate Healthcare

EMPLOYMENT APPLICATION

Last Name: _____ First Name: _____ MI: _____

Position Sought: _____

Address: _____ City/State/Zip:_____

Phone: _____ E-Mail: _____

SS#: _____ Birthday: Month: _____ Day: _____

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: _____

_____

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Education:

High School: # of Years Completed: □ 1 □ 2 □ 3 □ 4 Diploma: □ Yes □ No GED: □ Yes □ No

School(s): _____

College and/or Vocation School: # of Years Completed: □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7

School: _____ City& State: _____

School: _____ City& State: _____

Major: _____ Degrees Earned (Date): _____

Describe other Training or Degrees: _____

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Employment History: Please provide your employment history beginning with your most recent position.

Name of Organization: ________________________________ Position Held: __________________________________

Address: ___________________________ City/State/Zip: ___________________________ Salary:____________

Beginning Date: ____/_____/_____ Ending Date: ____/_____/_____

Reason for Leaving: _____________________________________

Supervisor Name: _____________________________ Supervisor Phone: ________________

Supervisor Email: ___________________________

Permission to contact ☐ Yes ☐ No

Name of Organization: ________________________________ Position Held: __________________________________

Address: ___________________________ City/State/Zip: ___________________________ Salary:____________

Beginning Date: ____/_____/_____ Ending Date: ____/_____/_____

Reason for Leaving: _____________________________________

Supervisor Name: _____________________________ Supervisor Phone: ________________

Supervisor Email: ___________________________

Permission to contact ☐ Yes ☐ No

Name of Organization: ________________________________ Position Held: __________________________________

Address: ___________________________ City/State/Zip: ___________________________ Salary:____________

Beginning Date: ____/_____/_____ Ending Date: ____/_____/_____

Reason for Leaving: _____________________________________

Supervisor Name: _____________________________ Supervisor Phone: ________________

Supervisor Email: ___________________________

Permission to contact ☐ Yes ☐ No

Name of Organization: ________________________________ Position Held: __________________________________

Address: ___________________________ City/State/Zip: ___________________________ Salary:____________

Beginning Date: ____/_____/_____ Ending Date: ____/_____/_____

Reason for Leaving: _____________________________________

Supervisor Name: _____________________________ Supervisor Phone: ________________

Supervisor Email: ___________________________

Permission to contact ☐ Yes ☐ No

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Mission-Specific Information:

1. In this section, please make a general evaluation of your knowledge in the following areas:

   a. Knowledge of how abortions are performed and methods used to perform abortions.
   _____ excellent _____ good _____ fair _____ poor

   b. Knowledge of existing laws regulating abortion.
   _____ excellent _____ good _____ fair _____ poor

   c. Knowledge of what the Bible teaches concerning the sanctity of human life.
   _____ excellent _____ good _____fair _____ poor

2. What questions would you like to have someone address concerning abortion and/or the sanctity of human life?

_____

_____

_____

3. Are you currently seeking to adopt a child? □ Yes □ No

4. Do you have a personal testimony related to abortion? □ Yes □ No

   If yes, have you sought healing through counseling, church, Bible study, etc.? □ Yes □ No

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Training/Talents:

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

_____

2. What are your strengths? _____

_____

3. What are your weaknesses? _____

_____

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Additional Information:

1. How did you hear about ComfortCare Women's Health? _____

_____

2. What is your reason for seeking employment here? _____

_____

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Ministry Aptitude:

1. ComfortCare Women's Health is a life-affirming 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.

_____

_____

_____

_____

_____

2. What church do you attend? _____ Denomination: _____

Address: _____ City/State/Zip:_____

Pastor's name: _____ Phone: _____

Email: _____

How long have you attended? _____ Permission to contact? □ Yes □ No

3. In addition to this application form, you should have received copies of our Statement of Faith, Statement of Principle, and our Mission Statement. Please briefly describe how your own personal beliefs, principles, and mission/ministry goals relate to those of ComfortCare Women's Health.

_____

_____

_____

_____

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References: Please provide two employment references and two personal references:

EMPLOYMENT REFERENCES:

1. Name: _____

   Address: _____ City/State/Zip:_____

   Phone: _____ Email:_____

   Relationship: _____ Years Acquainted: _____

2. Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Relationship: _____ Years Acquainted: _____

PERSONAL REFERENCES:

3. Name:_____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Relationship: _____ Years Acquainted: _____

4. Name: _____

Address: _____ City/State/Zip:_____

Phone: _____ Email: _____

Relationship: _____ 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 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 ComfortCare Women's Health's Statement of Faith and Statement of Principle.

Signature of Applicant: _____ Date: _____