



MEDICAL
for sexual health + pregnancy

formerly
Tri-Cities
Pregnancy
Network

EMPLOYMENT APPLICATION

Name: _____ Position Sought _____
Last First Middle Initial

Address: _____
Number and Street City State Zip code

Home Phone # _____ Cell Phone # _____

Email 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 offense? (Including while in the military) Yes No

If yes, explain: _____

EDUCATION:

High School:

Number of years completed (circle one) 1 2 3 4

Diploma: Yes No G.E.D.: Yes No School

School _____

College and/or Vocational School:

Number of years completed (circle one) 1 2 3 4 5 6 7

School _____ Address _____

Major _____ Degrees Earned (Date) _____

Number of years completed (circle one) 1 2 3 4 5 6 7

School _____ Address _____

Major _____ Degrees Earned (Date) _____

Describe other training or degrees: _____

EMPLOYMENT HISTORY:

List most recent employment first. May we contact your present employer? ___Yes ___No

Employer _____ Date of employment: From _____ To _____

Address _____ Telephone _____

Position _____ Salary _____

Duties _____ Supervisor name _____

Reason(s) for leaving:

Employer _____ Date of employment: From _____ To _____

Address _____ Telephone _____

Position _____ Salary _____

Duties _____ Supervisor name _____

Reason(s) for leaving: _____

Employer _____ Date of employment: From _____ To _____

Address _____ Telephone _____

Position _____ Salary _____

Duties _____ Supervisor name _____

Reason(s) for leaving: _____

ADDITIONAL INFORMATION:

1. What is your reason for seeking employment at *You Medical*?

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.

REFERENCES:

Please provide at least two employment references and at least two personal references (*including your pastor*):

Name	Address	Phone #	Years Acquainted	Relationship
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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 center's Statement of Faith and Statement of Principle.

Signature of Applicant _____ **Date** _____