

### EMPLOYMENT APPLICATION

Full name:	<div style="display: flex; justify-content: space-between; font-size: 0.8em; color: #808080;"> <span>Last</span> <span>First</span> <span>M.I.</span> </div>	Date:	
Address:	<div style="display: flex; justify-content: space-between; font-size: 0.8em; color: #808080;"> <span>Street address</span> <span>Apt/Unit #</span> </div>	Phone:	
	<div style="display: flex; justify-content: space-between; font-size: 0.8em; color: #808080;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>	Email:	

Date Available:		S.S. no:		Desired salary:		\$	
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Position applied for: \_\_\_\_\_

Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever worked for this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain? _____

### EDUCATION

High school:		Address:	
From:		To:	
Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diploma: _____
College:		Address:	
From:		To:	
Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree: _____
Other:		Address:	
From:		To:	
Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree: _____

**REFERENCES**

Please list three professional references.

Full name:	_____	Relationship	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

**PREVIOUS EMPLOYMENT**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes  No

**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

**PERSONAL BACKGROUND**

1. Number of Children: \_\_\_\_\_

2. Have you ever been convicted of a crime? \_\_\_ No \_\_\_ Yes (*If so, please provide details.*)

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**SPIRITUAL BACKGROUND**

1. What church do you currently attend? \_\_\_\_\_

2. Denomination: \_\_\_\_\_

3. Church phone number and address: \_\_\_\_\_

4. Pastor's name we may contact: \_\_\_\_\_

5. Church attendance per month (Circle One): 0 1 2 3 4 5+

6. How do you participate in your church? \_\_\_\_\_

7. Have you personally received Jesus Christ as your Savior? \_\_\_ Yes \_\_\_ No \_\_\_ Don't know

If yes, when? \_\_\_\_\_

8. How do you know that Jesus Christ is your Savior?

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9. If you have received Christ as your Savior, what changes took place in your life when you became saved?

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10. In John 14:16, "Jesus answered, 'I am the way, the truth, and the life. No one comes to the father except through me.'" Do you agree with this statement? \_\_\_ Yes \_\_\_ No \_\_\_ Not sure

11. Do you read the Bible? \_\_\_ Never \_\_\_ Occasionally \_\_\_ Often \_\_\_ Daily

12. Do you have personal devotions? \_\_\_ Never \_\_\_ Occasionally \_\_\_ Often \_\_\_ Daily

13. Describe any recent changes in your spiritual life:

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14. Working with Life Choices is spiritual warfare. How do you plan to personally deal with this?

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### PERSONALITY BACKGROUND

1. What special gifts, talents, abilities, or training do you bring to Life Choices?

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2. What are your personal strengths?

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3. What are possible areas of weakness?

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

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5. Circle any of the following words that best describes you:

Active   Ambitious   Self-confident   Persistent   Nervous   Hardworking   Impatient   Impulsive  
Moody   Often-Blue   Excitable   Imaginative   Calm   Easy-Going   Lonely   Introvert   Extrovert  
Quiet   Likable   Leader   Hard-boiled   Good-natured   Submissive   Sensitive   Self-conscious   Shy  
Serious   Other \_\_\_\_\_

### VIEWS ON SEXUALITY

Our own personal experiences have an effect on how we interact with clients:

1. What do you consider to be the purpose of sex? \_\_\_\_\_

2. What are your views concerning abstinence? \_\_\_\_\_

3. If not married, have you made the decision to remain abstinent until marriage? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Not Sure

4. If yes, what is your plan for accomplishing this goal? \_\_\_\_\_

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5. Have you had a personal experience related to an unexpected pregnancy? *(If you do not wish to write your answer, you may speak with your Center Director or Executive Director.)* \_\_\_\_\_

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6. Under what circumstances would you consider abortion as an alternative for a woman with a crisis pregnancy?

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On this page or you may attach a separate paper, please write a letter to the Director explaining why you want to be involved with Life Choices.

**AUTHORIZATION AND AGREEMENT**

The answers above are true and complete. I understand that completion of this application is the first step towards becoming involved with Life Choices. I also understand the ultimate decision, as well as the extent and duration, is at the sole discretion of the Life Choices Director.

If I become involved with Life Choices, I agree to fully adhere to all policies and procedures.

I believe in chastity outside of marriage and in the sanctity of marriage as taught in the Bible, therefore, I commit to a lifestyle of sexual purity.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**ARBITRATION**

In consideration of our mutual promises, we agree as follows: We are Christians and believe that the Bible commands us to make every effort to live at peace and to resolve disputes with each other in private or within the Christian Church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, we agree that any claim or dispute, including a statutory claim, arising from or related to the relationship between the parties shall be settled by biblically based mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. We agree that these methods shall be the sole remedy for any controversy or claim arising out of our relationship, and we expressly waive our right to file any legal action or claims in any civil court or agency against one another for such disputes, except to enforce an arbitration decision. In the event a competent court shall deem any provision of this contract invalid, all remaining provisions are deemed severable and shall remain in full force and effect. This agreement is entered into solely for the purpose of determining how any legal disputes between us shall be resolved.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Statement of Faith**

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His Virgin birth, in His sinless life, in His miracles, in His Vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential, and that this salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works.
5. We believe in the present ministry of the Holy Spirit by who's indwelling the Christian is enabled to live a godly life and to perform good works.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

In signing this, I am also stating that I have read the Statement of Faith and agree with it.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

### Statement of Principles

1. Life Choices Pregnancy & Family Resource Center is an outreach ministry of Jesus Christ through His church. Therefore, Life Choices Pregnancy & Family Resource Center, embodied in its volunteers, is committed to presenting the gospel of our Lord to women with crisis pregnancies-both in word and in deed. Commensurate with this purpose, those who labor as Life Choices Pregnancy & Family Resource Center board members, directors and volunteers are expected to know Christ as their Savior and Lord.
2. Life Choices Pregnancy & Family Resource Center is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. Life Choices Pregnancy & Family Resource Center is committed to integrity in dealing with clients, earning their trust, providing promised information and services, and eschewing any form of deception in its corporate advertising or individual conversations.
4. Life Choices Pregnancy & Family Resource Center is committed to assisting woman to carry to term by providing emotional support and practical assistance. Through the provision of Gods people and the community at large, woman may face the future with hope and plan constructively for themselves and their babies.
5. Life Choices Pregnancy & Family Resource Center never discriminates in providing services because of the race, creed, color, national origin, age or marital status of its clients.
6. Life Choices Pregnancy & Family Resource Center does not recommend, provide, or refer for abortion or abortifacients.
7. Life Choices Pregnancy & Family Resource Center offers assistance free of charge at all times.
8. Life Choices Pregnancy & Family Resource Center is committed to creating awareness within the local community of the needs of pregnant woman, and of the fact that abortion only compounds human need rather than resolving it.
9. Life Choices Pregnancy & Family Resource Center does not engage in contraceptive counseling. Women seeking contraceptive information should be urged to seek counsel from their pastor and physician.
10. Life Choices Pregnancy & Family Resource Center recognizes the validity of adoption as one alternative to abortion but is not biased toward adoption when compared to the other life-saving alternatives.
11. Life Choices Pregnancy & Family Resource Center is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources.
12. Life Choices Pregnancy & Family Resource Center receives no payments of any kind from these agencies and does not enter into contractual relationships with them. Adoption agencies are not established under the auspices of centers.
13. Life Choices Pregnancy & Family Resource Center neither initiates nor facilitates independent adoptions.

In signing this, I am also stating that I have read the Statement Principles and agree with it.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

### Client Advocate Guidelines

- Always be honest and forthright with clients in presenting information. Answer questions fully. If you do not know the answer to a question, offer to get the information or put the client in touch with someone with the information.
- When discussing abortion procedures and risks, it is required that Client Advocates read or paraphrase selections from approved brochures rather than telling the procedure in your own words.
- Be sensitive to the emotional state of the client. Do not argue with them. Allow the client to express their feelings. Assist them through good reflective listening and compassion. (*Comfort the brokenhearted—confront the hardhearted.*) Avoid any actions or statements that cause clients emotional distress or trauma.
- Avoid using strong or threatening language, i.e., murder, kill, going to hell, etc.
- Always ask permission prior to even the slightest touch to a client. Never attempt any kind of physical contact with hostile clients.
- Clients should never be forced to receive information (either written or verbal).
- Clients should always have clear, unobstructed access to the door. Clients need to be free to leave the lesson room and Center at any time. Never block someone from leaving the premises. Never physically touch a client if they are trying to leave the Center. It may be interpreted as attempting to hold them against their will.
- Client Advocates should always respect the client and not intimidate or place judgment. A Client Advocate's role is to show hope and provide access to truthful, complete information. Your words and actions should be undemanding and non-aggressive.
- **DO NOT GIVE LEGAL ADVICE TO A CLIENT.**
- **DO NOT GIVE MEDICAL ADVICE TO A CLIENT.** Clients should always be referred to a physician or clinic in the community. It is best to give three medical referrals if possible. Always refer a client immediately for medical care if she is experiencing any discomfort in her pregnancy, menstrual cycle or general health.
- **Client Advocates must never give advice even if they have had a similar experience.**
- Focus on the client's needs and how the Center can meet those needs. Never discuss other pregnancy organizations, abortion facilities, physicians, or agencies in a negative fashion. Explain that you can speak about what services Life Choices offers but cannot speak for another agency or professional.
- Inform a minor of their options and always encourage them to talk with their parents. If they are having problems with their parents, offer to talk to the parents with them. Any placement of minors in an agency or private housing must occur with parental knowledge and consent and should be made within a positive working relationship with the parents. These arrangements must be made through the Center Director.
- A client must give written permission to speak about her pregnancy or circumstances unless they are suicidal, homicidal, abusing, or being abused. Do not break confidentiality in any other case. Do not answer questions over the phone or if someone comes to the Center saying they are the boyfriend, friend, etc.
- The client should be present, if at all possible, when a phone call is made to a specific person, such as a social worker or physician, in order to release information. Prior to this call, the client should give you written permission to make the call on a signed and dated waiver form.
- Client Advocates should not give out their home telephone numbers.

In signing this, I am also stating that I have read the Client Guidelines and agree with them.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_