



Date _____

Position Applying: _____

Employment Application

Personal Information

Name: _____
Last First Middle Initial

Address: _____
Number & Street City State Zip Code

Home Phone: () _____ Cell Phone: () _____

Email: _____ Birth date: ____/____/____

Emergency Contact Name: _____
Last First Middle Initial

Emergency Contact Phone: () _____ Relationship: _____

Driver's license number _____

Single: _____ Married: _____ Separated: _____ Divorced: _____ Widowed: _____

Have you ever worked for Hope Unlimited Family Care Center in the past? Yes _____ No _____

If yes, when? From: ____/____/____ to ____/____/____

Are you legally allowed to work in The United States? Yes _____ No _____

Type of Employment desired? Full-Time _____ Part-Time _____ Temporary _____ Seasonal _____

When can you start? ____/____/____

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes _____ No _____

If yes, give dates and details:

Educational Information

High School: Number of years completed (please circle one) 1 2 3 4 Diploma GED

School Name(s): _____

College/Vocational School: Number of years completed (please circle one) 1 2 3 4 5 6 7

School Name(s): _____

Degree(s) Earned: _____

Describe other Training or Degrees: _____

Previous Employment Experience

Please list most recent employment first

Organization: _____ **Date of Service: From** _____ **to** _____

Phone: () _____ **Direct Supervisor:** _____

Position/Duties _____

Organization: _____ **Date of Service: From** _____ **to** _____

Address: _____

Phone: () _____ **Direct Supervisor:** _____

Position/Duties: _____

Organization: _____ **Date of Service: From** _____ **to** _____

Address: _____

Phone: () _____ **Direct Supervisor:** _____

Position/Duties: _____

Previous Volunteer Experience

Please list most recent volunteer service first

Organization: _____ **Date of Service: From** _____ **to** _____

Phone: () _____ **Direct Supervisor:** _____

Position/Duties: _____

Organization: _____ **Date of Service: From** _____ **to** _____

Phone: () _____ **Direct Supervisor:** _____

Position/Duties: _____

Additional Information

Church Name: _____ **Denomination:** _____

Positions held: _____

Pastors Name: _____ **Supervisor's name; if position held:** _____

Address: _____
 Number & Street **City** **State** **Zip Code**

Phone: () _____

1. What is your reason for seeking employment here?

2. Do you consider yourself to be a Christian, and if so how long have you been a Christian?

3. Please give a brief statement about how you came to know Christ as your personal Savior and Lord.

4. How has your life changed since your personal relationship with Jesus Christ?

5. Our organization is a Pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide services in this community. Please write a brief statement about how you feel your faith would affect your work here at Hope Unlimited.

6. What are some of the special skills, interest, talents, gifts or personality traits you would bring to this ministry?

7. When do you feel sexual intercourse is morally permissible? Please explain? _____

8. Have you ever counseled a woman who was considering an abortion? If yes, explain _____

9. Have you had any traumatic experiences relating to abortion? If yes, explain _____

10. Have you known an unwed mother? If yes, explain _____

11. Under what circumstances, if any, would abortion be justifiable?

Specify

12. Please list any books, films or other material that you have read or viewed that relate to abortion, pregnancy or alternatives to abortion _____

13. How would you rate yourself in the following areas:

A. Knowledge of abortion methods? Excellent ___ Good ___ Fair ___ Poor ___

B. Knowledge of current laws concerning abortion? Excellent ___ Good ___ Fair ___ Poor ___

C. Knowledge of what the Bible teaches about abortion? Excellent ___ Good ___ Fair ___ Poor ___

14. Are you currently or have you ever been involved in seeking to adopt a child? If yes, explain: _____

15. What do you consider to be your possible areas of weakness? _____

16. Are there any particular personality types in which you have difficulty working? _____

Pastoral Recommendation

To the applicant-- this recommendation is to be filled out by your pastor and mailed by them directly to:

Hope Unlimited Family Care Center
1101 Jefferson Street
Paducah KY 42001

To the pastor: Thank you for taking time to fill out this recommendation on behalf of the applicant. Any information you supply will be kept confidential.

Date: _____ Applicant's name: _____

1. How long have you known the applicant?

2. In what capacity? _____

3. To your knowledge, has the applicant made a personal commitment to Jesus?

4. How well do you know them? _____

5. What form of Christian service does the applicant participate in regularly?

6. What are the applicant's strengths?

7. Are there any weaknesses we should be aware of?

8. How busy is the applicant's life? Will they be able to fulfill their commitment as a board member of Hope Unlimited Family Care Center? _____

9. Please list any further comments you have that might be helpful. Thank you!

Your name: _____ Phone number: _____

Name of the church you pastor: _____