



Employment Application

Position applying for:

Thank you for your interest in working for Life Choices of Central Michigan! Please complete this form and return it to:

904 E. Preston, Mt. Pleasant, MI 48858
 Phone (989) 773-0379 Fax (989) 953-4247

Applicant Information		Date:
Last Name:	First Name:	MI:
Street Address:		
City:	State:	Zip:
Daytime Phone:	Driver's License #:	
Evening Phone:	Social Security #:	
E-mail:	Are you over 18 years old : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States? (<i>If offered employment, you will be required to provide documentation to verify eligibility</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked at or volunteered for a pregnancy center? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the center and date of involvement:	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number:	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give date and explain:	
Education		
High School:		City, State:
Dates Attended: From: To:	Have you graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma <input type="checkbox"/> GED	
College/Vocational School:		City, State:
Dates Attended: From: To:	Have you graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree(s):		
Other Education:		City, State:
Dates Attended: From: To:	Have you graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree(s):		

Employment History: *list most recent employment first*

May we contact your present employer? Yes No

Employer:	Supervisor Name:
Address:	Date of Employment: From: To:
Phone Number:	Reason for Leaving:
Job Title and Responsibilities:	

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Employer:	Supervisor Name:
Address:	Date of Employment: From: To:
Phone Number:	Reason for Leaving:
Job Title and Responsibilities:	

Previous Volunteer Experience: *list most recent volunteer experience first*

Organization:	Supervisor Name:
Address:	
Phone Number:	Date of Service: From: To:
Job Title and Responsibilities:	

Organization:	Supervisor Name:
Address:	
Phone Number:	Date of Service: From: To:
Job Title and Responsibilities:	

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

Name	Phone Number	Relationship	Years Acquainted

Skills and Qualifications: What qualifications, skills and/or strengths do you have?

Please list any other licensure or credentials pertinent to this job.

Faith/Beliefs

Do you consider yourself a Christian? Yes No If yes, for how long:

Please provide the following information regarding your local church.

Name: _____ Denomination: _____

Pastors Name: _____ Phone: _____

Positions in which you have served:

What is motivating you to work at Life Choices in particular?

Working at Life Choices of Central Michigan

This Organization is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide services in this community. Please write your personal faith testimony and include how your faith would affect your work at this center.

Have you ever known a single pregnant woman?

Yes No

If yes, please explain:

Have you ever counseled a woman who was considering an abortion?

Yes No

If yes, please explain:

Have you had any traumatic experiences relating to abortion?

Yes No

If yes, please explain:

Those who have had an abortion can provide an excellent service to women facing the same decision. Having an abortion in the past will not impact your eligibility to work. However, in order to serve clients effectively, individuals who have obtained abortions in the past must fully heal and recover.

Have you ever had an abortion? Yes No

If yes, have you participated in post-abortive counseling? Yes No

If you answered no to the previous question, do you agree to obtain post-abortive counseling prior to your work here? Yes No

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

- Never an option
- In cases of rape or incest
- In cases where the mother's life was in extreme peril
- In cases of extreme psychological distress
- Other (specify) _____

How would you rate yourself in the following areas?

Knowledge of abortion methods	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Knowledge of current laws concerning abortion	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Knowledge of what the Bible teaches about abortion	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Are you currently or have you ever been involved in seeking to adopt a child? Yes No

If yes, please explain:

Life Choices Mission and Values

Life Choices of Central Michigan believes in the inherent, God given dignity of all human persons, from conception to natural death. Our programs will empower individuals with knowledge, tools, and caring support they need to embrace bright futures and to make healthy, life-affirming decisions.

Life Choices employees embrace the same life-affirming values as the Center. Therefore, do you agree never to advise or refer anyone to obtain an abortion? Yes No

If considered for a position, Life Choices will run a background check based on the information provided.

Do you consent to a background check? Yes No

Please list all maiden/former names (First, Middle, and Last):

Applicant's Agreement and Signature

I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize Life Choices of Central Michigan to verify their accuracy and to obtain reference information concerning my character and capabilities. I release Life Choices 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 decisions made based upon such information. I give permission to the center to conduct a criminal background check to the extent that my duties may involve direct interaction with minors. If I become a volunteer at the pregnancy center, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality.

I further certify that I have read and that I am in full agreement with the center's Statement of Faith and Statement of Principle.

Name (Printed):

Signature:

Date:

**Applicants must agree to the Statement of Faith and Statement of Principle.
See additional documents.**

**Thank you for completing this application and for your interest in
Life Choices of Central Michigan!**